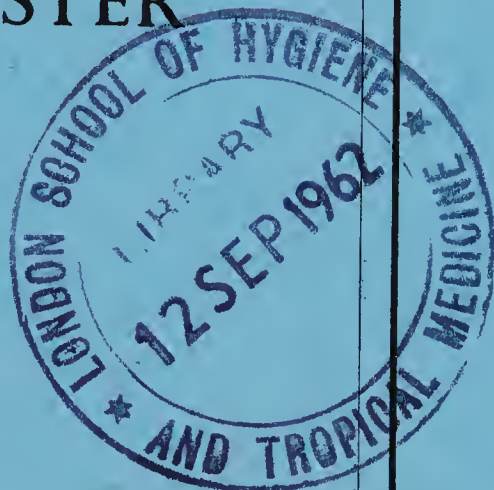


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CITY OF WORCESTER



# ANNUAL REPORT

ON THE

## HEALTH OF THE CITY

FOR THE YEARS

### 1959 AND 1960

BY

G. M. O'DONNELL, B.A., M.B., D.P.H.  
*Medical Officer of Health*



# **ANNUAL REPORT**

**for the year**


**1960**

# INDEX

	Page
Air Pollution ... ..	57-58
Ambulance Service ... ..	34-35
Ante-Natal Clinics ... ..	18
Births—Premature ... ..	28-29
Caravans ... ..	57
Child Welfare Clinics ... ..	21-22
Chiropody Service ... ..	42-43
Condemned Meat and Foodstuffs ..	72
Cremations ... ..	55
Day Nurseries ... ..	25-26
Deafness—Prevention of ... ..	35-36
Deaths—General ... ..	15-17
Table of ... ..	14
Expectant Mothers—Dental Treatment ...	20
Factories Act ... ..	58-59
Fertilisers and Feeding Stuffs ... ..	72
Food Inspection ... ..	65-69
Health Committee ... ..	5
Education ... ..	41
Sub-Committees ... ..	6-7
Visiting ... ..	30
Home Help Service ... ..	43-44
Housing ... ..	73-76
Ice Cream ... ..	66
Immunisation—Diphtheria ... ..	32
Whooping Cough ... ..	32
Infant Deaths ... ..	15
Infectious Diseases—General ... ..	51-53
Table of Notifications ... ..	53
Mass Radiography Survey ... ..	37-38
Meals on Wheels ... ..	42
Medical Examinations of Staff ... ..	56
Meat Inspections ... ..	72
Mental Health Services ... ..	45-50
Midwifery ... ..	27
Milk ... ..	65
Ministry of Health Circular 1/61 Section 6 ...	54
Ministry of Health Circular 1/61 Section 7 ...	54



	Page
National Assistance Act, 1948, and National Assistance (Amended) Act, 1951 ... ..	55
National Society for Prevention of Cruelty to Children ...	23-25
Noise Nuisance ... ..	77
Nurseries and Child Minders Regulations ... ..	56
Nursing Equipment—Loans of ... ..	41
Homes ... ..	55
Outwork ... ..	60
Pet Animals Act ... ..	56
Pharmacy and Poisons Act ... ..	56
Phenylketonuria ... ..	26-27
Plans—Examination of ... ..	55
Prevention of Illness—Care and After-Care ... ..	35-43
Problem Families ... ..	42
Public Health Inspectors—Visits and Inspections ... ..	61-62
Recuperative Holidays ... ..	41
Relaxation Classes ... ..	18
Rodent Control ... ..	64
Sanitary Circumstances of the Area ... ..	57
Slaughterhouses ... ..	69-71
Staff ... ..	8-10
Statistics—General ... ..	13
Vital ... ..	13
Tuberculosis After-Care ... ..	38-41
Tuberculosis—Notifications and Deaths ... ..	36
Unmarried Mothers—Care of ... ..	18-20
Vaccination—B.C.G. ... ..	33
Poliomyelitis ... ..	33
Smallpox ... ..	30-31
Water Supply ... ..	57
Welfare Foods ... ..	23
Women's Welfare Clinics ... ..	20



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# HEALTH COMMITTEE

31st December, 1960

HIS WORSHIP THE MAYOR (Mr. Reginald Francis Jenkinson)

*Chairman* : ALDERMAN MRS. FRANCES ROSA RATCLIFFE

*Vice-Chairman* : ALDERMAN FREDERICK LIONEL SPALDING

## ALDERMEN

THOMAS STANLEY BENNETT

WILLIAM JOHN DANIEL

BERTRAM BROTHERTON

HAROLD ERNEST WATTS

## COUNCILLORS

KEVIN CAMPBELL

MRS. HILDA MAY LETTICE

HERBERT JOHN EVANS

WILLIAM LEWIS TELFORD

HORACE HENRY EXALL

HENRY HORACE VANDERMOLLEN

REGINALD HARRY GLOVER

JOHN WEAVER

GERALD JOHN HART

MRS. NANCIE DOROTHY MAY  
WILLIS

GEORGE CYRIL KERR

## NON-MEMBERS OF THE COUNCIL

*Representing the Medical  
Profession*

DR. D. M. BRIERLEY

DR. P. H. MULHERN

DR. MARGARET NORTON

*Representing the Ophthalmic  
Profession*

MR. I. LLOYD-JOHNSTONE

*Representing the Dental  
Profession*

MR. I. THOMAS

*Representing the  
Pharmaceutical Profession*

MR. H. S. COVERDALE

## HEALTH SUB-COMMITTEES

### *Accounts*

ALDERMAN MRS. RATCLIFFE	ALDERMAN WATTS
ALDERMAN SPALDING	COUNCILLOR HART

### *Baths*

ALDERMAN BENNETT	COUNCILLOR VANDERMOLLEN
ALDERMAN BROTHERTON	COUNCILLOR WEAVER
ALDERMAN SPALDING	MR. W. G. JONES
ALDERMAN WATTS	(nominated by Worcester Schools Sports Association)
COUNCILLOR EVANS	
COUNCILLOR HART	

### *Health Centres*

ALDERMAN DANIEL	MR. W. LUDLAM (nominated by the City of Worcester Executive Council)
ALDERMAN MRS. RATCLIFFE	
ALDERMAN SPALDING	MR. E. R. HARRIS (nominated by the City of Worcester Executive Council)
COUNCILLOR EXALL	
DR. J. M. DUNCAN	MR. I. LLOYD-JOHNSTONE
DR. C. T. MILLS	
DR. P. H. MULHERN	

### *Mental Health Services*

ALDERMAN BROTHERTON	MR. T. H. GRIFFITHS
ALDERMAN MRS. RATCLIFFE	DR. D. M. BRIERLEY
ALDERMAN SPALDING	DR. P. H. MULHERN
COUNCILLOR KERR	MR. W. LUDLAM
COUNCILLOR MRS. LETTICE	

*Midwifery Etc.*

ALDERMAN BENNETT

ALDERMAN MRS. RATCLIFFE

ALDERMAN SPALDING

COUNCILLOR MRS. LETTICE

COUNCILLOR WEAVER

COUNCILLOR MRS. WILLIS

DR. P. H. MULHERN

DR. M. NORTON

*Property Inspection*

ALDERMAN BENNETT

ALDERMAN DANIEL

ALDERMAN MRS. RATCLIFFE

ALDERMAN SPALDING

ALDERMAN WATTS

COUNCILLOR CAMPBELL

COUNCILLOR GLOVER

COUNCILLOR HART

COUNCILLOR KERR

COUNCILLOR VANDERMOLLEN

COUNCILLOR WEAVER

*Staffing*

ALDERMAN BENNETT

ALDERMAN DANIEL

ALDERMAN MRS. RATCLIFFE

ALDERMAN SPALDING

COUNCILLOR CAMPBELL

COUNCILLOR WEAVER



## PUBLIC HEALTH DEPARTMENT STAFF, 1960

*Medical Officer and Principal School Medical Officer :*

G. M. O'DONNELL, B.A., M.B., B.Ch., D.P.H.

*Deputy Medical Officer and Principal School Medical Officer :*

ELIZABETH G. HENDERSON, M.B., B.Ch., B.A.O., D.P.H. (a)  
(commenced 1st January, 1960)

*Assistant Medical Officers of Health :*

MOIRA K. E. ALLINGTON, B.A., M.B., B.Ch., D.C.H. (a)  
ROBERT M. LASLETT, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. (a)  
(commenced 5th April, 1960)

*Chest Physician (part-time) :*

E. N. MOYES, M.R.C.P.  
(Chest Physician, Regional Hospital Board)

*Chief Dental Officer :*

E. R. DOWLAND, L.D.S., R.C.S. (Eng.) (a)

*Dental Attendant :*

MRS. A. WADE (a) (resigned 24th December, 1960)  
MISS J. CUMBERLIDGE (a) (commenced 19th December, 1960)

*Public Analyst :*

M. M. LOVE, F.R.I.C. (County Analyst—Services utilised by  
arrangements with Worcestershire County Council)

*Chief Public Health Inspector :*

T. W. MARSDEN (b) (c) (d) (e)

*Deputy Chief Public Health Inspector :*

J. H. BENJAMIN (b) (c)

*District Public Health Inspectors :*

J. B. JONES (b) (c)

J. MURDOCH (b) (c)

D. NEWSON (b) (c) (resigned 6th April, 1960)

J. HARTLEY (b) (c) (commenced 1st April, 1960)

*Rodent Officer :*

P. ROWBERRY



*Disinfector, Van Driver, Etc. :*

C. A. WEBB

*Superintendent Health Visitor and School Nurse :*

MISS D. M. CATLIN (a) (f) (h) (i)

*Tuberculosis Visitor :*

MISS E. B. M. HANDS (h) (n)

*Health Visitors and School Nurses :*

MISS N. HARDIMAN (a) (g) (h) (i) (q)

MISS O. R. JONES (a) (f) (h) (i) (j)

MISS B. A. FLINT (a) (g) (h) (i) (j)

MISS P. O. VILES (a) (f) (h) (i) (j) (p)

MISS E. M. GEORGE (a) (f) (h) (i) (j)

MISS P. M. GANT (a) (f) (h) (i)

MISS F. M. KENDRICK (a) (f) (h) (i) (j)

*Superintendent, Nursing Institute and Non-Medical Supervisor of Midwives :*

MISS M. E. YOUNGS (f) (h) (i) (j) (resigned 31st January, 1960)

MISS O. KEYWOOD (f) (h) (i) (j) (k) (commenced 1st June, 1960)

*Assistant Superintendent, Nursing Institute :*

MISS A. A. BUTTIMORE (f) (h) (i) (j) (commenced 28th July, 1960)

*Midwives, Nursing Institute :*

MISS N. SIDEBOTTOM (f) (h) (resigned 29th February, 1960)

MISS E. FRANCE (f) (h) (o)

MISS F. MIDWINTER (f) (h) (j) (commenced 1st March, 1960)

*Clerk, Nursing Institute :*

MRS. M. SHURMER (commenced 1st January, 1960)

*Mental Welfare Officers :*

W. H. HORNE (h) (r)

J. A. EVERETT

*Day Nursery Matrons :*

MISS C. PAIN (l)

MISS M. E. GRIFFIN (m)

*Chief Clerk :*

P. M. CHRISTIAN (resigned 30th April, 1960)  
 G. C. TRELOAR (s) (commenced 20th April, 1960)

*Senior Clerk :*

MISS E. C. GRIFFIN

*Clerical Officers :*

MISS M. M. PARSONS (commenced 1st January, 1960)

MISS E. BISHOP

MISS M. F. DUNNE  
 and 5 full-time clerks

- (a) Joint appointment—Maternity and Child Welfare and School Health Service.
- (b) Inspector's Certificate of the Royal Sanitary Institute.
- (c) Certificate of the Royal Sanitary Institute for the Inspection of Meat and other Foods.
- (d) Smoke Inspector's Certificate.
- (e) Sanitary Science as applied to building and Public Works.
- (f) State Certified Midwife.
- (g) Certificate of Midwives Board, Part 1.
- (h) State Registered Nurse.
- (i) Health Visitor's Certificate.
- (j) Queen's Nurse.
- (k) Diploma in Nursing, London University.
- (l) Norland Trained Nursery Nurse.
- (m) Princess Alice Nursery Nurse.
- (n) Certificate of Tuberculosis Association.
- (o) Midwifery Teaching Diploma.
- (p) Registered Sick Children's Nurse.
- (q) Ear, Nose and Throat Certificate.
- (r) State Registered Mental Nurse.
- (s) Diploma in Municipal Administration.

ANNUAL REPORT  
ON THE  
HEALTH OF THE CITY

BY

G. M. O'DONNELL, B.A., M.B., D.P.H.

*To the Right Worshipful the Mayor, Aldermen and Councillors  
of the City of Worcester.*

MR. MAYOR, LADIES AND GENTLEMEN,

In presenting my report upon the health of the City my first duty is to thank the Chairman and Members of the Health Committee for their help during the past two years. They have at all times shown a real concern for the wellbeing of our citizens, enjoining a sense of mutual endeavour that has been most rewarding.

A similar courtesy and desire to be of assistance has been evinced by my colleagues in other departments or organisations, and in particular I should like to acknowledge the support and co-operation of those in the medical profession.

Detailed comment on the various aspects of our work will be found in the body of the report. In the main, this describes our statutory and routine duties and takes no account of the bizarre enueries and forlorn hopes that inevitably centre on a health department and take up so much badly needed time. Napoleon once remarked 'ask of me anything but time', and certainly with the extra tasks accruing each year in Local Government one always feels that this vital commodity diminishes daily in accord with some improbable but relentless law.

Perhaps our main problem and one which is national in extent, is the care of old persons in the community. The proportion of old people in the total population is now 11·9% and is expected to increase steadily over the next fifteen years, a circumstance whose implications are already receiving a good deal of public attention. In Worcester the tradition of caring for one's old folk still obtains but there are many who are either separated geographically from their families or live alone.



As their faculties gradually deteriorate and mental acuteness withers from loneliness and isolation, there is often an accompanying social decline which may end in squalor and malnutrition. To date only occasional cases of this type have occurred, sometimes as a result of a stubborn though understandable refusal to relinquish personal independence and accept outside help, but obviously more instances are likely to appear in the future. To meet this anxious perspective not only must the statutory and voluntary services be prepared to increase the scope of their work for old people, but some reorientation of public attitudes may be essential.

I am reminded of a charitable society of mediaeval origin still active in a town in Northern Italy. Membership is a great honour and embraces all classes of society. The obligation is to help the sick, aged and poor by carrying out any necessary menial task no matter how repulsive, laborious or repetitive. The basic idea has much to commend it; the concept of the young and strong undertaking an organised service on behalf of the old and frail by doing work that is not normally included in the scope of the social and voluntary services. Digging of gardens, cleaning of premises, minor repair work would all be items in such a scheme, for which there is a real need as the neglected homes of so many old people attest. It seems to me that there is much to be said for a national or local attempt to stimulate a service of this order which, with its emphasis on physical work, would supplement the Home Help Service and complement the more personal duties carried out by voluntary and official visitors.

In conclusion, Mr. Mayor, I should like to pay a belated tribute to my predecessor, Dr. A. J. B. Griffin, who for 29 years fostered the growth of the Health Service in this City, and on his retirement left an effective and progressive department. His knowledge and love of his work were stamped with the thoroughness, devotion and assiduity of his generation, and one might well say of him *ultimus Romanorum*.

To all members of my staff I tender my thanks for the cheerful and helpful manner in which they have undertaken a great deal of additional work during the past two years.

I am,

Your obedient servant,

G. M. O'DONNELL.

*Medical Officer of Health.*

## GENERAL STATISTICS

Area (in acres) ... ..	6,114
Estimated population ... ..	64,490
Number of inhabited dwellings ... ..	21,183
Number of persons per dwelling ... ..	3.044
Rateable value of the borough ... ..	£1,014,786
Product of a Penny Rate ... ..	£4,199

## VITAL STATISTICS

Live Births	
Number ... ..	1,031
Rate per 1,000 population ... ..	15.35
Illegitimate Live Births per cent of total live births ... ..	
5.33	
Stillbirths	
Number ... ..	22
Rate per 1,000 total live and still births ... ..	20.89
Total Live and Still Births ... ..	1,053
Infant Deaths (deaths under 1 year) ... ..	29
Infant Mortality Rates	
Total infant deaths per 1,000 total live births	28.13
Legitimate infant deaths per 1,000 legitimate live births ... ..	27.66
Illegitimate infant deaths per 1,000 illegitimate live births ... ..	36.36
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births) ... ..	17.46
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births) ... ..	15.52
Perinatal Mortality Rate (still births and deaths under 1 week combined per 1,000 total live and still births) ... ..	36.09
Maternal Mortality (including abortion)	
Number of deaths ... ..	1
Rate per 1,000 total live and still births ... ..	0.95
Number of deaths from tuberculosis (all respiratory) ... ..	9
Death rate per 1,000 population ... ..	0.14

The following abridged table of deaths published by the Registrar General details the deaths under 36 main headings.

Age Groups	0+	1+	5+	15+	25+	45+	65+	75+	Total
1 Tuberculosis, respiratory ..	—	—	—	—	1	7	1	—	9
2 Tuberculosis, other ..	—	—	—	—	—	—	—	—	—
3 Syphilitic disease .. ..	—	—	—	—	—	—	—	—	—
4 Diphtheria .. ..	—	—	—	—	—	—	—	—	—
5 Whooping cough .. ..	—	—	—	—	—	—	—	—	—
6 Meningococcal infections ..	—	—	—	—	—	—	—	—	—
7 Acute poliomyelitis .. ..	—	—	—	—	—	—	—	—	—
8 Measles .. ..	—	—	—	—	—	—	—	—	—
9 Other infective and parasitic diseases .. ..	—	—	—	—	—	1	1	—	2
10 Malignant neoplasm, stomach .. ..	—	—	—	—	2	9	7	3	21
11 Malignant neoplasm, lung, bronchus .. ..	—	—	—	—	—	19	13	5	37
12 Malignant neoplasm, breast ..	—	—	—	—	1	6	5	4	16
13 Malignant neoplasm, uterus ..	—	—	—	—	1	2	1	1	5
14 Other malignant and lymphatic neoplasms ..	—	—	—	—	5	17	19	27	68
15 Leukaemia, aleukaemia .. ..	—	—	1	—	1	—	2	3	7
16 Diabetes .. ..	—	—	—	—	1	—	2	1	4
17 Vascular lesions nervous system .. ..	—	—	1	—	2	14	31	54	102
18 Coronary disease angina ..	—	—	—	—	4	45	39	33	121
19 Hypertension with heart disease .. ..	—	—	—	—	—	5	5	15	25
20 Other heart diseases .. ..	1	—	—	—	1	20	25	84	131
21 Other circulatory diseases ..	—	—	—	—	—	6	5	13	24
22 Influenza .. ..	—	—	—	—	—	—	—	—	—
23 Pneumonia .. ..	11	1	—	—	2	2	6	18	40
24 Bronchitis .. ..	—	—	—	—	—	9	9	23	41
25 Other diseases of respiratory system .. ..	—	—	—	—	—	—	—	2	2
26 Ulcer of stomach and duodenum .. ..	—	—	—	—	—	3	1	6	10
27 Gastritis, enteritis and diarrhoea .. ..	1	—	—	—	—	—	2	1	4
28 Nephritis and nephrosis .. ..	—	—	—	1	1	1	—	2	5
29 Hyperplasia of prostate .. ..	—	—	—	—	—	2	1	4	7
30 Pregnancy, child-birth abortion .. ..	—	—	—	1	—	—	—	—	1
31 Congenital malformations ..	8	1	—	—	—	1	—	—	10
32 Other defined and ill-defined diseases .. ..	8	—	—	—	1	11	9	29	58
33 Motor vehicle accidents .. ..	—	—	1	2	5	3	1	—	12
34 All other accidents .. ..	—	—	1	2	1	2	3	12	21
35 Suicide .. ..	—	—	—	—	1	2	—	—	3
36 Homicide and operations of war .. ..	—	—	—	—	—	—	—	—	—
Totals	29	2	4	6	30	187	188	340	786



## HEALTH STATISTICS

As in previous years the improvement in the health of our citizens has been an affair of gradual but sustained progress, characterised by occasional small regressions and advances in the control of particular illnesses. However, even a superficial glance will show that certain trends are emerging which justify explanation and comment. For the second year in succession there has been a small increase in deaths of infants under one year, and though probably a fortuitous circumstance, it is seemingly emphasised by a similar rise in the perinatal mortality rate. This rate, the combination of still births (22) and deaths under one week (15·52) per 1,000 total live and still births, is important as its twin factors are the Scylla and Charybdis hazarding the passage of the infant into the more sheltered reaches of life. Intrauterine life and the first days after birth remain the times of greatest hazard and vulnerability. Modern technical discoveries particularly in the realm of therapeutics are steadily overcoming the dangers which menace the growing infant but where the viability of the enwombed child or the protection of the new-born infant after its prolonged and exhausting odyssey are concerned, we seem to have arrived at a state in which success depends more on good antenatal care, sufficient antenatal beds, and a considered research into techniques and genetic principles rather than further dependence on drugs.

## CAUSES OF INFANT DEATHS :

			<i>Under one week</i>	<i>Under six months</i>	<i>Under one year</i>
Prematurity	...	...	5	6	6
Pneumonia	...	...	5	8	10
Bronchiolitis	...	...	—	1	2
Gastro Enteritis	...	...	—	—	—
Congenital Malformation			4	6	7
Other Causes	...	...	2	4	4
			—	—	—
			16	25	29
			—	—	—

The exception to an improving or stationary pattern of disease is coronary thrombosis which claimed 121 lives, 41 more than in 1958. However, Worcester's figures only reflect a national emergency, the incidence of deaths from coronary thrombosis in the United Kingdom being now the highest in the world, eclipsing even that of the United States whose supremacy in this respect was heretofore regarded as inviolable. Furthermore there are many cases of this disease which, while not fatal, exert a crippling or restrictive effect upon the patient's life and often immure him for years in a cocoon of anxiety and non-activity. Obviously the time has come when every means of combating this menace must be undertaken, the most potent being to ensure that those most at risk are aware of the causative factors and can thereby take appropriate precautions.

If we discard hereditary tendencies and old age, then the preventable aspects of the disease are worry obesity, excessive consumption of certain fatty foods, and lack of reasonable exercise. Worry is a curious condition seemingly unrelated to the importance of what is being worried about, for, in spite of increased financial and social security, there is no diminution of its intensity and ubiquity. Dr. Johnson once said 'Believe me, if a man knows he is to be hanged in a fortnight's time it concentrates his mind wonderfully'. This would, of course, be a somewhat drastic cure but a real calamity does bring everyday worries into a true and diminished perspective just as emotional tensions and anxiety neurosis decrease in time of war when group morale is high and sustains its weaker members. Unfortunately a land at peace tends to become a land of individuals no longer sharing their problems and excited by a common cause but with the emotional ties that previously supported them becoming fewer and more tenuous.

It is also affirmed that obesity and, in particular, the overeating of foods rich in non-essential fatty acids play a major part in coronary thrombosis. Certainly when one reaches the age of forty it is advisable from common sense alone to look to one's waist line and too much indulgence in animal fats, butter and cream must be reckoned an added danger. When gourmandising is allied to physical laziness one has then the typical predisposing condition—over work, lack of exercise and worry leading to a compensatory heartiness at the table followed by a pleasant rather comatose siesta, repeated ad nauseam. The victim becomes conscious of his developing ill-health, then irritated and perplexed by it, but sticking doggedly to his accustomed routine, finally succumbs leaving old age, a family and a mortgage behind him.



In stressing the contributory factors of coronary thrombosis, I am not advocating any unreasonable change to austerity but merely emphasising that each of us can recognise in our way of life, certain dangers which we have a power to curtail and which by so doing would not only mitigate the risk of a coronary attack but also improve our general health and activity of mind and body.

One other modern disease requires comment. This year 37 residents of the City died from cancer of the lung, a melancholy increase on last year's figure of 25. It is an unfortunate paradox of present times that so many things, pleasurable by themselves, are in essence harmful. Cigarettes are no exception and a good deal of will power is required to break the addiction, particularly amongst those who succumbed before the underlying danger was made known. This does not hold true where the new generations are concerned and a real and noble duty devolves upon all parents to see that their children do not take up smoking. Many adults wish to delude themselves with the belief that causes other than cigarette smoking are responsible for cancer of the lung which is an understanding attitude provided that no attempt is made to pass this fallacy on to children. 'Take what thou wilt,' says God, 'but pay the price' is fair reasoning provided one does not seek easement of mind in subverting others more ingenuous or inexperienced.

#### DEATHS FROM VIOLENCE :

				1958	1959	1960
Motor Vehicle Accidents	...	...		6	10	10
Other Accidents	...	...	...	15	28	21
Suicide	...	...	...	5	3	3

No comment is necessary upon these figures, particularly those showing the increase in deaths caused by motor vehicles. Now that the car is internationally accepted as the main status symbol of the age, we must all minister to its needs and dictates as 'Oceanic savages once ensured the prowess of their war canoes by launching over a human ramp. In truth, what were manners once are now vices.

# NATIONAL HEALTH SERVICE ACT, 1946

## SECTION 22—CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE :

### (a) Ante-Natal Clinics

These are held at the Tything Nursing Institute which has hitherto proved a convenient and central venue. However, the growth in population and more specifically, the continuing transfer from the heart of the City to outlying estates and residential communities, may justify sessions in peripheral areas. It is anticipated that the new welfare centre at Warndon, due for completion in 1962, will include a weekly ante-natal clinic and this should prove a useful venture in such a compact though relatively isolated area.

During the year 472 mothers of whom 375 were new cases made a total of 1,464 attendances. This was a quite substantial increase on last year's work as the figures below demonstrate.

	Mothers attending	New Cases	Attendances
1960	472	375	1,464
1959	374	319	1,238

The examinations were carried out by Tything midwives, a doctor being present at one session each week. Contrary to the practice in many authorities, few blood tests are conducted at our clinics as the general practitioners do most of this work in their surgeries.

### (b) Relaxation Classes

Three classes are held each week, the total attendances in 1960 being 891. We are grateful to Mrs. Perry-Keene, physiotherapist to the Worcestershire County Council, for undertaking this work.

### (c) Care of Unmarried Mothers and Children

I am indebted to Mrs. E. H. Winter of the Worcester Diocesan Association for Moral Welfare Work for this report :

“During the year 1960, there were 74 new cases referred, mainly by members of the Health Department staff, Hospital Almoners and General Practitioners.

“There were also 43 cases which had been referred in previous years still needing assistance making a grand total of 117 cases; of these, 99 concerned illegitimate children and their parents.

“Of these, 44 new cases and 30 old cases were from the City area. The breakdown of City cases is detailed below:

	<i>New Cases</i>	<i>Old Cases</i>	<i>Totals</i>
Expectant Mothers ... ..	28	9	37
Mothers with illegitimate children under 5 years of age ... ..	9	19	28
Other family problems ... ..	7	2	9
	<hr/> 44 <hr/>	<hr/> 30 <hr/>	<hr/> 74 <hr/>
Babies born during the year ... ..	...	...	28
Kept by mother in own home or lodgings ...		14	
Supported by mother in foster home ...		3	
Placed in Children's Homes ... ..		4	
Placed for adoption ... ..		7	
Expectant mother withdrew application for help ... ..		1	
Expectant mother moved and was transferred to the Worker for the new area ... ..		1	
Mother miscarried ... ..		1	
Number of babies still born ... ..		2	
Babies not born by end of year ... ..		4	

“16 mothers from the City were admitted to Hostels during the year, and 13 received help with fees through the City Health Department, the other three meeting the whole cost from their own resources.



“Of the 59 new cases of illegitimacy (in City and surrounding County districts), 13 mothers were either married, divorced, separated or widowed. The average age for all mothers was 20, for single mothers only,  $17\frac{1}{2}$ , and ages ranged from 13 to 42, the age most often occurring being 17.

“Reliable information about the putative fathers is not always available but 26 were single; 13 were believed to be married and one divorced. In 26 cases the age was known and varied between 15 and 36, with 21 as the age occurring most frequently. 11 putative fathers were interviewed during the year, four affiliation orders were obtained and two private agreements were made.”

#### (d) Dental Care of Expectant Mothers and Young Children

Mr. E. R. Dowland, Principal Dental Officer, reports as follows:—

“During 1960, 43 mothers were inspected and 40 needed treatment. 36 mothers were treated and 32 made dentally fit within the year. Four mothers refused the prescribed treatment, declining to have conservative work. 52 conservations were done on mothers.

“The number of extractions remains high as many of the patients require clearances and dentures.

“49 infants were inspected and 45 required treatment. The majority of cases required surgical treatment to relieve pain or sepsis. 20 teeth were conserved by permanent fillings and silver nitrate applications.”

#### (e) Women's Advisory Clinic

The mother's clinic held on Thursday mornings continues to service diverse purposes, apart from its official use as an Ante-natal Clinic. During the year expectant mothers received their poliomyelitis inoculations there to avoid waiting at a general poliomyelitis session. Advice on family planning was also given to suitable cases and in general the staff use this occasion to discuss the mother's personal problems rather than those related to her family.

Attendances	Before Confinement	Special
First Visits ... ..	40	36
Return Visits ...	149	6



### (f) Child Welfare Clinics

1,633 children made 14,699 attendances during the year compared with the previous year's figures of 1,494 and 13,544 respectively. This increase is an indication of a satisfactory year's work which received further impetus when the session at the Tything Clinic allocated to the Wylds Lane area of the City was transferred to Perryfields. For some time we had been aware of a need for more convenient clinic facilities in this area, which is rather too far from the Tything, for those burdened with pram or toddlers. However, no satisfactory premises were obtainable until Perryfields Children's Homes were acquired by the Health Committee who agreed that the building facing Stanley Road could be used as a child welfare centre. This consent came towards the end of the year and, as there was no provision in estimates for furniture and equipment, other clinics were cannibalised of their surplus effects so that the clinic could open as soon as possible. Attendances to date have been very satisfactory and it likely that two sessions a week will be required in the near future.

Another, but more limited move was the transfer of the clinic held in Cherry Orchard School. The accommodation here was needed urgently for educational purposes and we were fortunate in securing premises nearby in the Church Hall of St. Mark's in the Cherry Orchard. Our thanks are due to the Headmaster for bearing so patiently with an incubus of this nature and to the Vicar and Church Council of St. Mark's for receiving us so generously.

Undoubtedly the most cheering news of the year was the decision of the Health Committee to build two new child welfare clinics, one on the rapidly growing Warndon Estate and the other in the more static district of Brickfields. Ministry approval of these projects was soon forthcoming and work should start on both in 1961. They will be doubly welcome, relieving the pressure on existing clinics and exerting a tonic effect on the staff concerned.

Finally I should like to express my thanks to the voluntary workers who so ably support our staff in this work. They devote a considerable amount of time to the public weal and their disinterested kindness is much appreciated by both nurses and mothers.

## CHILD WELFARE CENTRES

Number of centres provided at end of year	Number of child welfare sessions per month at centres	Number of children who first attended a centre of this Local Health Authority during the year, and who at their first attendance were under 1 year of age	Number of children who attended during the year			Number of attendances during the year made by children who at the date of attendance were :			Total attendances during the year
			1960	1959	1958-55	under 1 year	1 but under 2	2 but under 3	
8	36	741	674	522	437	10,929	2,127	1,643	14,699

## (g) Supply of Welfare Foods

One clerical officer is responsible for the ordering and issuing of Ministry of Health and proprietary brands of welfare foods. She is assisted by three whole-time clerks who also attend clinic sessions. Welfare foods are sold centrally from the annexe of the Public Health Department, Church House, The Cross, and also at peripheral clinics. During 1960 the following quantities were bought by the public.

	1960	1959
National Dried Milk Tins (Full Cream)	23,383	21,627
National Dried Milk Tins (Half Cream)	305	453
Cod Liver Oil Bottles ... ..	2,760	2,862
Vitamin A and D Packets ... ..	2,706	2,488
Orange Juice Bottles ... ..	28,704	24,805

Sales in 1960 were 5,623 items in excess of 1959.

## (h) National Society for the Prevention of Cruelty to Children

I am indebted to Mr. William Andrews, Inspector of the N.S.P.C.C., for the following report:—

“During the year 1960, 107 cases were reported to me; 54 of these cases were within the City and were notified as shown below:—

The General Public ... ..	30
The Police ... ..	9
Other Officials ... ..	14
Discovered by myself ... ..	1

## Classification of the Cases:—

Neglect ... ..	26
Ill treatment ... ..	7
Beyond control ... ..	1
Aid/Advice sought ... ..	20

## The cases were thus dealt with:—

Warned and advised ... ..	34
Helped/Advised ... ..	20

“It will be noted that although there were 26 cases of neglect and that some of these cases were particularly bad, all were dealt with successfully to date without having to take Court action. This I would say has only been possible through the perfect co-operation which exists between the Public Health Department and the N.S.P.C.C. in this City.



I would like to say how deeply I appreciate the kindness shown to me by the staff of the Health Department and the help and advice so freely given by all, which has done so much to help me with my case work.

"I would also like to underline the value of the work done by the Health Visitors and could not wish for a better team to work with. I have found that each and everyone of them will go out of their way to help regardless of the time of day.

"Most of the neglect is to be found in the sleeping arrangements and although the children appear to be in good health and reasonably clad, the trained Health Visitor can soon sense that all is not as it should be at home, as was found to be in Case No. 10478 reported to me by a Health Visitor.

"The Health Visitor had said to me that there was nothing she could put her finger on, but after she had made a complaint to the mother that the children were not as clean as they might be, she had found difficulty in getting into the house, and told me of her concern as to the conditions in which the children were sleeping.

"When I visited I found the living room reasonably clean and moderately furnished, but like the Health Visitor, my nose told me that all was not well upstairs. I told the mother that I had reason to believe she was in need of bedding and that I wished to see the sleeping arrangements, but I was asked to come back next day. I insisted that I must see them and found the two children's bedrooms dirty and stinking. One bed was in such a filthy urinated state that I insisted that the mother take it into the back garden at once. The mother then started to scream 'You are going to take my children away!' I told her that this was the last thing I wanted to do, and assured her that I would not do so provided that she and the father had the whole of the house clean by the following day, and provided that the bedrooms were cleaned at once so that the children had a clean bed and clean room for the night and suggested that the children should sleep in the parents bed until other beds could be obtained. I told the mother to give father my card as soon as he arrived home from work and that I should call to see the children in bed at 8.0 p.m. The time was then 3.0 p.m. and I advised the mother to get everything out of the rooms and start scrubbing. I visited at 8.0 p.m. Father said that he had been scrubbing with the mother since 5.0 p.m. All the house had been scrubbed and the cooker, which

had been unrecognisable as such a few hours ago, was now in good order. I told both parents that I expected beds to be provided in a few days as there was over £17 a week income. I then told them that I was going to report the matter to the Health Visitor and would expect them to take whatever advice the Health Visitor offered and that she would be a regular visitor.

“Both the Health Visitor and myself have been regular visitors to the home and over a period of seven months the standard which was achieved within two weeks has been maintained to date.”

### (i) Day Nurseries

The two day nurseries at Powell's Row, and Brickfields each cater for forty children and are almost invariably filled to capacity. However, towards the end of the year it was necessary to raise the maximum charge and introduce a more rigid system of priorities and financial assessment by which those in greatest need of the service would pay proportionately less, whereas the non-priority cases would pay considerably more. It was thought that a considerable decrease in numbers would ensue but to everyone's surprise, few children were withdrawn and resultant vacancies were immediately filled.

The new scheme is based on the following categories:—

1. Special cases whose admission is recommended as a therapeutic measure to combat neglect, deprivation or behaviour problems. These are reported to Committee who may countenance free admission in necessitous cases or problem families.
2. Priority cases, e.g. where the death, illness, or absence of one parent makes admission essential to permit the other to work and maintain the family. Priority cases are assessed on their residual income after a generous quota of disregards have been allowed.
3. Non-priority cases who pay the maximum charge.

Day nurseries are a godsend to mothers who, by reason of desertion, separation or divorce, have to undertake the twin duties of earning a living and maintaining a home. Those of us who have the good fortune to enjoy a united and tranquil family life can have little real understanding of the strain which this double yoke imposes. To care for young children at the end of a day's work, to stifle irritation and worry so as to awake their interest and affection while lacking the one aid and partner



on whom reliance may naturally be placed, is a heavy responsibility and one can but marvel at the strength and character and devotion of those who build a happy and successful home in such circumstances. When one considers that such mothers have often to contend with semi-poverty and an absence both objective and subjective of outside interest, it seems only fair that the community should try by every reasonable means to mitigate the hardship and monotony of their lives. In a purely materialistic sense the day nursery makes a valuable contribution to this aim, not only because it allows the mother the opportunity of going out to work, but also because it assures the physical wellbeing and amusement of the child. I do not think there is any true substitute for the continuous attentions of a good mother, but the well trained and carefully selected staff of a day nursery provide as good an understanding as can be hoped for within this limitation and their charges return home well fed, well behaved and with the excesses of their youthful energy assuaged.

Another useful function of these establishments is the care of neglected children from problem families. If the parents will agree to their admission, one can use the nursery in a therapeutic sense to improve the health and standards of the children and, incidentally, thus relieve the worries of the social workers concerned with their welfare.

However, though the day nurseries discharge a useful duty to the community in these two instances, many of the children attending are admitted not for social causes but simply because both parents are working. This may or may not be a laudable reason, but in a town where there is always an urgent demand for labour and a collateral enthusiasm on the part of the inhabitants for an improved standard of living, such a situation is at least understandable.

(j) Dr. E. G. Henderson, Deputy Medical Officer of Health, attended a course on the "Mental Development and Diagnostic Testing of the Very Young" organised by the Child Development Research Centre. The assessment of very young children presents formidable problems and the experience gained at this Course has already proved of considerable value.

#### (k) Phenylketonuria

This very rare disease, which might be described as an inherited metabolic disorder, results in very severe and progressive mental subnormality unless prompt diagnosis and treatment are made in the first few months of life. Fortunately, a very simple test, to wit the "Phenistix" urine test, has been



designed to simplify the screening of newly born babies and this can be carried out conveniently and effectively at the age of six weeks. This procedure was introduced by the City Public Health Service at the beginning of the year and all newly born babies are offered it as a safeguard. No positive case has yet been discovered though occasionally one with an ambiguous result is referred to the Worcester Royal Infirmary for further investigation. Many authorities throughout the country have initiated similar schemes which, considering the rarity of the disease, naturally involve a disproportionate amount of time and effort. One might say that this work has more an ethical than practical justification.

#### SECTION 23—DOMICILIARY MIDWIFERY:

The appointment of Miss Sidebottom, one of the two teaching midwives, to a hospital post presented us with a vacancy which, in view of the national shortage of midwives, proved most difficult to fill. Fortunately we were able to supplement Miss France's gallant singlehanded efforts with help from the Superintendent and Deputy Superintendent of the Nursing Institute and from two district nurses with midwifery qualifications, one of whom subsequently was appointed to the vital vacancy. Although this hiatus caused a good deal of initial concern, it was most heartening to see the willing and selfless way in which all the nurses co-operated to ensure that no restriction in the domiciliary midwifery service was necessary.

The proportion of home to institutional confinements stays virtually unaltered and it is probable that this figure of approximately 26% will be stable for some time to come. Admissions to hospital maternity units are restricted to medical and social cases, but even if these qualifications were removed, a considerable number of mothers would prefer to have their babies in the familiar atmosphere of the home. There is much to commend in this attitude when a normal delivery is anticipated and home environment satisfactory, as the mother is supported by the husband's presence and furthermore is not exposed to the increased risk of infection inherent in a larger community.

Worcester is fortunate in having not only a progressive obstetrical unit at Ronkswood Hospital but also a general practitioner maternity home in Shrub Hill Hospital which is much in demand. I should like to pay suitable tribute to hospital and practitioner services for the very sincere co-operation both have evinced during the year enabling a seemingly archaic trifold system to work smoothly and effectively.

Weight at birth	PREMATURE LIVE BIRTHS										PREMATURE STILL BIRTHS		
	Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home	
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days				
3lb. 4oz. or less ...	8	5	3	—	—	—	1	1	—	6	—	—	
Over 3lb. 4oz. up to and including 4lb. 6oz. ...	15	4	9	—	—	—	3	1	2	3	—	—	28
Over 4lb. 6oz. up to and including 4lb. 15oz.	11	—	11	2	—	2	—	—	—	4	—	—	
Over 4lb. 15oz. up to and including 5lb. 8oz. ...	32	—	32	13	—	13	2	—	1	3	2	—	
Totals ...	66	9	55	15	—	15	6	2	3	16	2	—	



The table shown on the opposite page shows the number and fortune of premature babies born this year. When delivered on district, these babies are a grave responsibility and if circumstances dictate, are conveyed to Ronkswood Hospital by a heated incubator which the maternity unit keeps there for this purpose. Some health departments have a premature baby nurse on their staff whose only duty is the care of premature babies delivered and nursed at home. Our number do not justify such an ad hoc appointment but even so it is pleasing to relate that of the 15 babies nursed on district all survived.

One aspect of midwifery which causes everyone concerned a great deal of worry is the expectant mother who either refuses ante-natal care or does not bother to inform either her own doctor or the midwives until she is in labour. There is not a great deal one can do to rectify such attitudes which are often a result of some form of mental disorder. One mother with no fixed abode and reputedly commuting from one makeshift dwelling to another proved unusually adept at evading the numerous search parties dispatched day and night to find her. Despite the efforts of the staff, mostly in their own time, she managed to have her baby without skilled attention and happily with no ill effect to either.

In accordance with Ministry of Health Circular 1/61 of 31st January, 1961, which asks for information regarding arrangements for relief duty of midwives, I would report that day and night relief is provided when indicated by the staff at the Nursing Institute, the brunt of this work being undertaken by the Assistant Superintendent. One district nurse has been reclassified district nurse/midwife to provide further cover.

Miss O. Keywood, Superintendent of the Tything Nursing Institute and Non-medical Supervisor of Midwives reports:—

“The number of domiciliary deliveries during the year was 269, at 74 of which a doctor was present.

“This does not, however, represent the sum total of the midwives’ work, as visits were made to 289 patients delivered in hospital, but discharged home to the care of the domiciliary midwife. In the case of patients booked for home confinement, but admitted to hospital because of some abnormality, discharge frequently took place within 48 hours of the birth of the baby.

“Nine pupil midwives passed Part II of the Central Midwives Board Examination.

“In October, 1960, the Midwifery Training School was inspected by Miss Fensom, one of the Educational Supervisors of the Central Midwives Board.”

## SECTION 24—HEALTH VISITING :

The Health Visitors coped admirably with both routine and special duties, though one under strength, for almost the whole year. In their dual role of Health Visitor/School Nurse they have always had a diverse assortment of duties to contend with and each advance in public health measures seems to increase the extent of their work. Originally concerned mainly with mothers and children they must now include in their home visiting, the elderly, problem families, and to some degree, the mentally disordered. Furthermore as the first signs of mental illness are often apparent in the very young children, they must be able to recognise the initial symptoms in the toddler attending the infant welfare clinic or seen at home. Health Education, testing for deafness in infants and the many new techniques in the School Medical Service all press hard on their time. Apart from this they are in many ways the 'eyes and ears' of a Public Health Department adept at spotting the nuances of family or individual behaviour that herald approaching trouble and thereby circumventing it.

To inculcate and develop these various new skills necessitates further training and a certain amount of mental reorientation. The Health Committee have been most generous in their approach to this problem both in the provision of Refresher Courses and also in allowing selected Health Visitors to attend such special Courses as that of "Screening Tests of the Hearing of Young Children". We were also able to arrange for a series of lectures on Mental Health by Dr. A. M. Spencer, Medical Superintendent of Powick Hospital, which proved most successful and illuminating.

I should also like to thank Dr. J. W. Pickup, County Medical Officer, for his invitation to attend his Department's annual Refresher Course of which many of the health visiting staff were able to avail.

## SECTION 26—VACCINATION AND IMMUNISATION :

Present: "I've brought my child to be humanised."  
(Recently, at a Clinic.)

Past: *Berrows Worcester Journal, 12th April, 1759.*

"Complaints have been made to the Magistrates of this City, by several Inhabitants thereof, that divers Persons have of late years resorted, and are now likely to resort to the said City, or the Suburbs thereof, in order to be Inoculated for the Small Pox, which may probably be a means of



bringing and spreading the said Distemper in the said City (which is at present clear thereof) to the endangering the lives of many of His Majesty's Subjects, to the spoiling of our Markets, and the great Detriment of Trade in general; to put a stop therefore to this growing Evil, and to preserve as much as possible the Health of this City. It is thought proper to give this publick Notice.

“That whoever shall presume, after the Publication hereof, to lett Houses or Lodgings for Inoculation in the said City, or the Suburbs therof, will be prosecuted with the utmost Rigour of the Law.’ ”

I am indebted to Mr. Frank B. Greatwich, Editorial Director of Berrows Newspapers Ltd., for permission to publish this extract and also to Alderman Bertram Brotherton for bringing it to my notice.

Vaccination and immunisation are offered against Smallpox, Diphtheria, Whooping Cough and Poliomyelitis. During the year immunisation against Tetanus was approved by the Health Committee and added to our proposals under this section. At the same time the policy of single antigen immunisation was discarded and the use of triple antigen giving combined protection against Diphtheria, Whooping Cough and Tetanus was adopted instead. B.C.G. Vaccination of school leavers under Section 28 of the National Health Service Act has continued to provide a valuable service.

### *Smallpox Vaccination :*

Number of persons vaccinated (or re-vaccinated) during the year ended 31st December, 1960.

Age at Date of Vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Total
Number Vaccinated ...	770	52	28	20	40	910
Number Re-vaccinated	—	—	—	4	87	91

*Diphtheria :*

Number of children in the Local Health Authority area on 31st December, 1960, who have completed a course of diphtheria immunisation at any time between 1st January, 1946, and 31st December, 1960.

Age on 31.12.1960 (i.e. born in year)	Under 1 1960	1-4 1956-1959	5-9 1951-1955	10-14 1946-1950	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1956-1960 ...	165	2,435	2,449	704	5,753
B. Number of children whose last course (primary or booster) was completed in the period 1955 or earlier	—	—	1,448	4,126	5,574
C. Estimated mid-year child population ...	990	3,710	10,100		14,800
Immunity Index 100 A C	16.6	65.63	31.22		38.87

*Whooping Cough Immunisation :*

*Return for year ended 31st December, 1960.*

	Age at date of final injection		
	0—4 years	5—14 years	Total
Number of children who have completed a primary course (normally 3 injections) of pertussis vaccine (singly or in combination) in the Authority's area during the year ended 31st December, 1960 ...	587	27	614

*Poliomyelitis Vaccination :**Return for year ended 31st December, 1960*

Number of persons who received two injections:—

Children over six months and born in years 1943-1960	...	...	...	...	...	1,300
Young persons born in years 1933-1942	...	...				416
Persons born before 1933 who had not passed their 40th birthday	...	...	...	...		2,289
Others	...	...	...	...	...	249
Total						4,254

Number of persons who received a third injection 8,309

*B.C.G. Vaccination :**Return for year ended 31st December, 1960*

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the N.H.S. Act.

## A. CONTACT SCHEME

(i) No. skin tested	...	...	...	...	200
(ii) No. found positive	...	...	...	...	23
(iii) No. found negative	...	...	...	...	177
(iv) No. vaccinated	...	...	...	...	153

## B. SCHOOL CHILDREN SCHEME

(i) No. skin tested	...	...	...	...	1,268
(ii) No. found positive	...	...	...	...	170
(iii) No. found negative	...	...	...	...	1,093
(iv) No. vaccinated	...	...	...	...	1,063

## C. STUDENTS ATTENDING FURTHER EDUCATION ESTABLISHMENTS

(i) No. skin tested	...	...	...	...	—
(ii) No. found positive	...	...	...	...	—
(iii) No. found negative	...	...	...	...	—
(iv) No. vaccinated	...	...	...	...	—



## SECTION 27—AMBULANCE SERVICE :

The Worcester City and District Voluntary Ambulance Service is responsible for this work under an agency agreement with the City Council. Based on the new ambulance station built in 1958 as a joint undertaking of City and County, the service covers the southern part of the County as well as the entire City area. Its ability to function efficiently at a very economic level is due to generous support by volunteer members of the St. John Ambulance Brigade and the British Red Cross Society who have induced the palpable and exciting atmosphere of a corps d'elite.

I am grateful to Mr. G. C. Hutchinson, Ambulance Officer, for supplying me with the following report:—

“Details of this work are as follows:—

*Vehicles*

- 6 Stretcher Ambulances
- 1 Sitting case Ambulance

*Staff*

- 9 whole-time Driver/Attendants
- 1 Clerk

*Figures of Cases and Mileage undertaken during the year*

	1959/60	1960/61
Accident or Emergency ... ..	1,052	1,099
Others ... ..	15,168	15,499
Totals ... ..	<u>16,220</u>	<u>16,598</u>
Sitting Cases ... ..	11,445	11,354
Stretcher Cases ... ..	4,775	5,244
Journeys Undertaken ... ..	6,818	6,464
Total Mileage ... ..	53,253	55,236
Total Mileage (including residue)	53,852	55,769

*Lower Wick Training Centre (Opened 12th September, 1960)*

Number of children carried ... ..	1,673
Total Mileage ... ..	1,870”



(a) *Infectious Patients*

During the year ended 31st March, 1961, 1,152 patients were carried in 433 journeys over a distance of 9,045 miles. Of this mileage 932 miles related to County patients and 6,210 to work done on behalf of the Hospital Management Committee.

(b) *Car Hire Service*

Total persons carried	...	...	...	...	64
Journeys	...	...	...	...	46
Mileage	...	...	...	...	1,262

(c) *Hospital Car Service*

This service is operated through the agency of the South Worcestershire Hospital Management Committee and operates from the Worcester Royal Infirmary.

During the year 1,472 patients were carried over a distance of 20,248 miles at a cost of £708.

## SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE :

(a) *Prevention of Deafness*

In recent years certain progressive authorities have introduced measures which, if efficiently prosecuted on a national scale, would certainly lead to a widespread reduction in cases of conductive deafness and also to a significant lessening of the defects in speech, education, and social attitudes that so bedevil the life of those severely deaf. Prompt diagnosis, treatment, and where necessary rehabilitation and remedial teaching, can cure many children of the lesser scourge of conductive deafness and further deterioration either in hearing or scholastic ability is nearly always prevented. In severe cases of perceptive deafness where speech is either quiescent or abnormal, development of the residual hearing by auditory methods produces dramatic improvement when used on a selective basis. The main principle of modern techniques is to make the diagnosis as soon as possible and this applies with even greater emphasis when deafness is congenital in type. Effective treatment of congenital deafness can begin once the condition is recognised and this is usually not later than nine months after birth.

To test every infant for deafness would be a strenuous task but fortunately recent research has shown that the large majority of children with congenital deafness, apart from that of a genetic character, were exposed to certain stresses or dangers during the period of pregnancy. The recognition of such 'at risk' conditions and the keeping of an appropriate register of the names of children so affected who can then be tested for deafness at a later date is an obvious means by which early diagnosis can be implemented without an unreasonable demand on the staff's time.

The collation of an 'at risk' register implies the co-operation of many outside bodies as the approval of obstetric consultants, general practitioners and midwives is required. I am happy to say that in Worcester this consent has been willingly given.

Two of our Health Visitors have attended the course of instruction on screening tests for the ascertainment of deafness in very young children, and a start has already been made in testing children of nine months whose names appear on the 'at risk' register. I hope to report next year on the results of these new procedures.

#### (b) Prevention of Tuberculosis

##### Notifications and Deaths:

<i>Year</i>		<i>Respiratory</i>		<i>Non Respiratory</i>	
		<i>Notifications</i>	<i>Deaths</i>	<i>Notifications</i>	<i>Deaths</i>
1951	...	56	17	12	2
1952	...	79	18	5	1
1953	...	63	12	13	5
1954	...	70	15	2	2
1955	...	64	8	3	2
1956	...	58	6	10	0
1957	...	52	7	4	0
1958	...	29	1	6	2
1959	...	35	5	5	0
1960	...	33	9	1	0



## Mass Radiography Survey by Dudley Mobile Unit, Birmingham Regional Hospital Board Mass Radiography Service:

This was quite an event. When the Health Committee accepted the Medical Director's offer of an intensive survey in the latter half of the year, I doubt if many of our citizens had any idea of how actively they would be involved in these proceedings. The aim of the survey was to x-ray the chests of as many persons over 15 years as could be induced, cajoled or bewitched into acceptance so that any undiscovered cases of tuberculosis in the community would be diagnosed and thereby receive effective treatment at an early stage. Although there were only five deaths from tuberculosis in 1959, eighteen new cases were notified that year and the possibility of other infectious, undiagnosed cases could not be overlooked. The more adults x-rayed the greater the opportunity of tracing unknown cases and thereby preventing the spread in infection to susceptible members of the community.

On Tuesday, 30th August, the Mayor of Worcester, Mr. R. F. Jenkinson, J.P., took the Chair at a special meeting designed to enlist as much voluntary help as possible. From this meeting emerged a voluntary Committee under the Chairmanship of Alderman Mrs. F. Rosa Ratcliffe, which directed the propaganda essential to the survey. Apart from the customary distribution of leaflets, car stickers, posters, etc., and press advertisements, information concerning the survey was distributed by voluntary helpers to every house in the City. This last chore was quite a massive operation, carried out by members and cadets of the Worcestershire Branches of the British Red Cross Society and the St. John's Ambulance Brigade, who accepted it with characteristic élan. Mr. E. F. Wright, Vice-President of the Chamber of Commerce, conducted a one man campaign amongst the shops and business premises of the City Centre, which was most successful, the W.V.S. loaned window space at their headquarters in Cathedral Gates, and many individual volunteers gave unstinting and much appreciated help. Throughout the campaign, the local press gave its usual firm and effective support.

It is unusual in these days when material and selfish concepts are so universally condoned, to come across such a large access of care and enthusiasm for the public weal. The generous voluntary assistance given to this work is a happy example of the spirit and conscience prevailing in the City.



The survey took place from the 12th September, 1960, to the 13th December, 1960. The main unit was located at Group Lane where a despairing search for a central venue was resolved by the Ministry of Works, who made their offices at this site available to the survey. Altogether the main unit and the caravan unit which toured the peripheral sites, held sessions at 50 different locations, 32 of which were in factories. Dr. Janet Posner, the Medical Director of the unit subsequently reported on the results of the survey as follows:—

“Number X-rayed :

<i>Male</i>	<i>Female</i>	<i>Total</i>
9,069	7,769	16,838

Abnormal Findings :

Referred to Chest Clinic as presumed active tuberculosis but awaiting confirmation ...	26
(one of whom was already known)	
Inactive tuberculosis referred to Chest Clinic ...	49
Inactive tuberculosis not referred to Chest Clinic ...	62
(19 of whom were already known)	
Other abnormalities referred to the Chest Clinic ...	119
Other abnormalities referred to the General Practitioner only ...	123”

Final Summary :

16,838 of the adult population were x-rayed. Of the 26 cases referred to the Chest Clinic, 10 cases, three men and seven women proved to be active tuberculosis. 29 further cases were contacted for observation. No cancer of the lung was found but one case of sarcoid was discovered.

After Care :

The work of the Local Health Authority is complemented by that of the Worcester Tuberculosis After-Care Committee, to whom a grant is made. Mr. G. C. Treloar, Chief Clerk to the Health Department, was appointed as Secretary of this Committee in April, 1960, succeeding Mr. P. M. Christian, who had given devoted service since 1932. Mr. Treloar reports as follows:—

“It has not yet been possible to extend our activities to persons suffering from other forms of chest disease. During the year a special meeting of the Committee was held at which the Medical Officer of Health reported that the Health Committee had agreed to support the After-Care Committee’s

expressed wish to enlarge their scope of activities. Discussions on the means by which this could be best encompassed have been taking place with the National Headquarters of the Chest and Heart Association, and it is hoped that the outcome of these discussions will be made known at the next Annual General Meeting.

“In the meantime the work of caring for the needs of tuberculosis patients and their families has continued throughout the year and considerable assistance has been given to the necessitous. The extent of this service will be recognised from the following summary.

### *Milk*

“4,894 pints of milk have been supplied to 23 patients during the year as compared with 5,985 pints during 1959/60.

### *Clothing, Bedding Etc.*

“The schedule which follows shows the various items of clothing and bedding which have been issued as necessary during the year:—

#### *Personal Clothing*

Trousers	...	...	...	...	...	4 pairs
Sports Coats	...	...	...	...	...	1
Mackintosh	...	...	...	...	...	1
Children's Shoes	...	...	...	...	...	3 pairs
Shirts	...	...	...	...	...	2
Costume	...	...	...	...	...	1
Pyjamas	...	...	...	...	...	4 pairs
Cardigan	...	...	...	...	...	1
Vests	...	...	...	...	...	4
Children's Dresses	...	...	...	...	...	2
Nightdresses	...	...	...	...	...	2
Bed Jacket	...	...	...	...	...	1

#### *Bedding, Etc.*

Pillow Slips	...	...	...	...	...	3
Sheets	...	...	...	...	...	1 pair

“In addition various other forms of assistance have been provided some examples of which are:—

Purchase of coal

Payment of rent arrears.

### *Aid in the Home*

"The tuberculosis visitor employed by the Local Authority is responsible for home visiting of patients and contacts and brings many cases of hardship and need to the notice of the Committee. The visitor, Miss E. B. M. Hands, the Chest Physician and the Almoner are members of the Committee and all give most useful advice as to the forms of assistance required.

"One of the two chalets owned by the Local Authority is in use at present; the other has been dismantled and stored at one of the Health Department's premises until once again required.

"The arrangement made with the British Red Cross Society for a free library service has continued throughout the year.

"The City Council's Housing Committee continues to give priority to the re-housing of tuberculosis families when recommended by the Medical Officer of Health and during the past year two such families have been re-housed in council houses.

### *Occupational Therapy*

"As was reported last year, Miss R. A. Young's services were withdrawn from the City on 31st March, 1960. No new occupational therapist has yet been appointed as there does not appear to be sufficient work to justify even a part-time appointment.

### *Christmas Seal Sale, 1960*

"The Christmas Seal Sale for this year showed a net surplus considerably below that of the previous year. The net surplus was £63 9s. 1d. compared with £121 14s. 9d. the previous year.

"The total income raised by these annual sales of Christmas Seals since 1937, have been as follows:—

	£		£
1960/61	63	1948/49	88
1959/60	122	1947/48	84
1958/59	126	1946/47	75
1957/58	156	1945/46	77
1956/57	164	1944/45	82
1955/56	222	1943/44	74
1954/55	92	1942/43	76
1953/54	126	1941/42	45
1952/53	102	1940/41	35
1951/52	88	1939/40	32
1950/51	91	1938/39	31
1949/50	88	1937/38	24
Grand Total ...		£2,163	



“This report shows that the Committee is still doing a useful service within the City. It is to be hoped that the question of enlarged activities will be finally settled to the satisfaction of all concerned during 1961/62 as I do feel that there are many persons suffering from other chest diseases whom the Committee could well afford to help.

“I should like to pay tribute to the work done by my predecessor, Mr. P. M. Christian, whose kindly and conscientious guidance we all miss greatly.”

#### (c) Recuperative Holidays

Cases requiring convalescence are reported to the Health Committee for their sanction. The Worcester Hospital Contributors' Association arranges for admission to suitable convalescent homes and I am indebted to their Secretary, Mrs. E. D. C. Mills, for her help in this respect. Only one mother and her two children and two single adults required such holidays in 1960, in contrast with the previous year's total of 11 mothers with their 18 children and one single adult.

#### (d) Loan of Nursing Equipment

A stock of nursing equipment and comforts is kept at the Nursing Institute and these are loaned to patients as and when required at a nominal rental per week.

#### (e) Health Education

Every effort has been made this year to extend and develop the Department's responsibility in health education. In April, a two-day course in this subject was held at the Guildhall by Dr. D. J. Gordon-Smith and Mr. D. L. Porter, of the Central Council for Health Education, which proved of great value and was attended by every section of the Department. The ideas and methods inculcated in this course were soon put into effect and there has been an all-round improvement both in content and quality of this work.

Apart from every day routines of Infant Welfare and Ante-Natal Clinics, a good deal of propaganda in health education has been devoted to the immunisation programmes in particular that for poliomyelitis.

Many lectures have been given by doctors and nurses mainly to public bodies and voluntary organisations.

Undoubtedly our main effort in the health educational field this year was in promoting the Mass Radiography Survey of the City. The Department handled a great deal of work for the Voluntary Committee and large amounts of propaganda material were distributed through its aegis.

#### (f) Family Care

The care of problem families of various types continues to impose a disproportionate strain on the resources of the staff. The parents are often mentally retarded, occasionally unco-operative and aggressive, and nearly all need constant and unremitting supervision. To help them the services of health visitor, district nurse, mental welfare officer and home help are carefully deployed and liaison is maintained with the Children's Department and the general practitioner who naturally are also concerned in this work. The difficulties of these families are volcanic in nature, a period of eruption followed by quiescence and then eruption again. Generally the health visitor or welfare officer spots the approaching active phase but occasionally it arrives with cataclysmic suddenness and everyone involved in the families' welfare has to scurry round in urgent guise. These families are a national worry, the other end of the scale from the intelligent and well-endowed, but any effort, time or money employed to improve their manner of life is well worth it for the sake of the children alone. To decide whether or when such children would be best off in the care of a local authority is a delicate matter but personally I believe that there are certain families who never function as such and whose children are never accorded the affection and discipline which is their due. Unless they are removed from parental neglect, their future is one of maladjustment and social intransigence.

#### (g) Meals on Wheels

The meals on wheels service is administered by the W.V.S. The meals are prepared at Hillborough by the Welfare Department and a charge is made to the Health Committee for each meal provided. Delivery is arranged via the W.V.S. van three times a week.

#### (h) Chiropody Service

To date the Chiropody Services in the City have been provided by the Good Neighbours Service and the Women's Voluntary Service, the former receiving a grant of £1,000 from the City Council for carrying out this work.

During the year the Health Committee decided that, in view of the increasing need for chiropody, a directly administered scheme would be justified and that this should commence at the beginning of 1962.

The scheme adopted caters for priority classes, to wit, the elderly, physically handicapped and expectant mothers. A concurrent scheme for preventive chiropody in school children



is to be submitted to the Minister of Education. Suitable premises are to be provided in the Health Department where a reasonably sized room on ground floor level and close to a secondary entrance to the Department is being made available. There is a private Avenue outside this entrance where patients coming by transport may be safely delivered. Treatment will be available in the Clinic on an appointment basis and it is envisaged that five sessions will be held there weekly. Particular emphasis will be laid on preventive work which will be carried out in accordance with the advice of the Consultant Orthopaedic Surgeon at the Worcester Royal Infirmary. Patients will be accepted for treatment on referral by general practitioners, local authority doctors and nurses and will be expected to pay a small charge.

Although the Chiropody Scheme is primarily one of attendance at Clinics on an appointment basis, provision has been made in estimates for home treatment and also for the transport of those whose physical condition justifies its usage.

The proposals embodied in this scheme were submitted to the Minister of Health whose approval was subsequently obtained. Certain chiropodists in the City have signified their willingness to work the scheme for us and we look forward to its inception in 1962.

#### SECTION 29—HOME HELP SERVICE :

This valuable service is organised by the W.V.S. on behalf of the City, a payment towards administrative expenses being made. Mrs. Richardson of the W.V.S., acts as Home Help Organiser and controls the daily work of 44 home helps, of whom 13 hold full-time posts.

The home helps are always hardworked, and as the proportion of old persons in the City area rises, the demand for physical aid of this type will become intensified. It has been said that the duty of a home help to her charge is that of a good neighbour anxious to help yet not willing to be imposed on. Certainly the main work undertaken—washing, cleaning, shopping, cooking of meals—could be so described but many home helps become devoted to their patients and often return in their own time to give further comfort and assistance.

Number of cases where domestic help was provided:—

	1960	1959
Maternity ... ..	36	19
Tuberculosis ... ..	5	3
Chronic Sick (including aged and infirm)	317	292
Others ... ..	44	51



## Laundry Service for aged and incontinent

To maintain old people in the accustomed surroundings of their home is no easy task and when incontinence of urine or faeces supervenes on declining faculties, a great deal of unpleasant and time-consuming work devolves. The Home Help Service has had to undertake a good deal of this work and in particular, the washing of bedding and clothing. I am happy to say that the W.V.S. have come to our aid in this matter and, helped by a grant from the City Council, have opened a Laundry Centre in the basement of their Over 60's Club at 3 College Precincts. This Centre has been equipped with a boiler, washing machine, hydro-extractor and a laundrette and the laundering is done by two home helps each Monday. This is a great asset as, not only are soiled bed clothes and clothing dealt with expeditiously, but our home helps are released from a tiring and unpleasant chore and have more time thereby to devote to other aspects of their work.

## MENTAL HEALTH SERVICES

### Administration :

Mr. W. H. Horne was appointed Senior Mental Welfare Officer during the year. He is assisted by Mr. J. A. Everett, who was appointed Mental Welfare Officer to the Authority in 1959. In December, Mr. W. T. Baylay, R.M.P.A., was appointed Supervisor of the Adult Training Centre.

Mr. W. H. Horne, Senior Mental Welfare Officer, reports as follows :—

#### “Admission to Hospital

“There is a further decrease in the number of patients admitted to hospital from the City. Out of a total of 285 patients admitted, only in 53 cases was it necessary to use Orders for compulsory admissions. Four of the Orders were extended, the rest remained in hospital on an informal basis. Included in the above are eight patients admitted after the new Mental Health Bill came into operation on 1st November, 1960.

“With the introduction of the new Act few changes have had to be made regarding the admission of patients and in this respect it is operating quite smoothly.

“Co-operation with the hospital medical and social staff is something more than a voice over the telephone. Each is known personally and meetings take place each Tuesday at which cases are discussed both of patients who have been admitted and those discharged from hospital during the previous week. There is an emergency scheme whereby a patient may be seen informally at any time during the day, thus fear is overcome by trust in those to whom one goes for comfort and cure.

#### “Subnormal Patients—Admissions seven

“Vacancies were provided during the year for seven patients. Two patients were admitted for temporary care. Although vacancies for this type of patient are scarce, when they do occur the procedure is usually informal admission. Of three females who have been discharged from the Order, two have been found employment and are giving satisfactory

service and one is a spastic hoping to be included in the number to attend the Adult Training Centre. By close contact with the parents one is able to advise, give help and guidance on matters concerned with the mentally handicapped and bring together the parents of these children for mutual support in seeking a solution of common problems. This helps greatly in the emotional aspects of the situation.

### “Prevention

“264 visits have been made during the year mostly to the minor depressive and neurotic persons who require bolstering if they are to remain self-supporting in the community. Visits to those whose mental suffering is often caused by lack of realism, help those people mentally disturbed to see an emotional situation objectively, and build a friendship where trust is the essence so that understanding and constructive encouragement may be given. This enables the person to see how the situation looks to someone controlled and not emotionally involved. Hence, in some cases it is a friendship put on a professional basis and limited to a set period of time. In others it must continue indefinitely but whether all social situations are more complex than psychological ones is open to dispute.

### “After-Care

“Not all patients who leave hospital can be persuaded about the psychological significance of working, or the satisfaction of a social role of having a function and a value in society. There are others who have been out of work through illness and fear that they have been robbed of their self-respect by the economic hazards it brings. Here the ability to help and reassure them is most important but once their trust is gained and a friend found, usually all is well. Sometimes the transition from the sheltered environment of a hospital to the hurly-burly of normal existence may provoke a recurrence of abnormal behaviour, unless their families and associates are understanding people. Thus the Mental Welfare Officer has a different role to play in each situation. The handling of people according to their own particular needs must, wherever possible, be right.



*“Cases admitted to Powick Hospital during the year ended  
31st December, 1960*

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Detained under Magistrates' Order ...	1	—	1
Certified after admission ... ..	5	6	11
Admitted under Section 20 ... ..	16	29	45
Admitted as Informal Patients ...	8	6	14
Admitted under Section 29 ... ..	2	6	8
Total Admissions ... ..			285

*Mental Deficiency*

	<i>Male</i>	<i>Female</i>	<i>Total</i>
In Institutions ... ..	49	30	79
Under Guardianship ... ..	1	—	1
Under Statutory Supervision ...	31	18	49
Under Voluntary Supervision ...	20	14	34
Admitted to Institutions ... ..	3	4	7
Admitted to Temporary Care ...	2	—	2
Patients on Licence ... ..	—	4	4
Discharged from the Order ... ..	—	3	3
Lost Trace of ... ..	—	1	1
Subnormal children attending Junior Training Centre ... ..	10	6	16
Deaths in Institutions ... ..	1	1	2

*Visits and Interviews*

Approximate number of visits to mentally subnormal	291
Approximate number of visits to mentally ill patients	205
Approximate number of visits—social and prevention	264
Approximate number of visits—after-care ... ..	262
Approximate number of interviews ... ..	602”

## Mental Health Act, 1959 :

This Act is possibly the last of the epochal series of legislative experiments which have transformed the medical services of the Country and incurred thereby the envy and admiration of less fortunate lands. Like its predecessors it is extensive in scope and magnificent in concept. From an idealistic viewpoint one is bound to welcome and applaud, even though some aspects may induce a certain disquietude and its implementations require caution. Basically the design is to ensure a well-ordered progressive hospital service backed by a comprehensive community effort in which local authorities, voluntary organisations and the general public have each an important role. One of the main tenets is that the stigma of mental illness will gradually be obliterated and to accomplish this, admissions to mental hospitals will be largely on an informal basis so that, with certain exceptions, there will be no difference between entrance to a psychiatric unit or to an ordinary medical ward. The rationale of institutional treatment will be to return the patient to his home as soon as he can adapt himself to life in the community and the obligation of the latter is to provide him with the necessary assistance and understanding to maintain his social independence. No one is to remain in hospital because he has no home to go to and for such cases local authorities may provide accommodation.

For the great majority of mentally disordered patients, the Act is a presage of a more liberal and humane era although the attitude of the public at large to a gradual increase in their midst of this class of patient is a matter of conjecture. It is not easy to discard the atavistic fears and shibboleths that for centuries have encompassed the treatment of mental illness and it is unlikely that overnight it will achieve the respectable status that some other non-fatal diseases have acquired.

The response of the Worcester Health Committee has been prompt and generous and its proposals, since approved by the Minister, cater for all classes of mental disorder. The main content of these proposals is now described :—

*For the Mentally subnormal, i.e. those of arrested or incomplete development of mind*

1. Arrangements have been made with the Worcestershire County Council for the admission of suitable children of this classification to their Junior Training Centre at Lower Wick. The number of City children so affected does not at present justify the opening of a Centre of our own and a large unit offers better facilities for grading by age and

intelligence. The County have been most willing in their co-operation and I would particularly like to express my thanks to Dr. J. W. Pickup, County Medical Officer, for his courtesy and help. 16 children were admitted to Lower Wick during the year.

2. The Health Committee have acquired Perryfields Children's Home from the Children's Committee. This home consists of three spacious buildings surrounded by gardens and play grounds and including a separate recreation hall and ancillary premises. This accommodation will be put to a wide range of usage amongst which is the opening of an Adult Training Centre for mentally subnormal patients over the age of 16 years. As a *quid pro quo* it is anticipated that the County will also avail of these facilities.
3. A social club for mentally subnormal adults who are adjusting to an independent life in the community will be held weekly in the recreation hall at Perryfields. The help of voluntary organisations to make this venture a success would be much appreciated.
4. Supervision and help in the community will continue to be undertaken by the mental welfare officers who will work under the direction of the Deputy Medical Officer of Health.
5. Home training of severely subnormal patients is not contemplated at present as there are no cases requiring this tuition. Should the need arise, further consideration will be given.
6. Residential accommodation for suitable cases who can benefit from attendance at the adult training centre or undertake ordinary employment but have no home to go to. One of the hostels at Perryfields may be adapted for this purpose.

#### *For the Mentally Ill*

1. Community Care: This will be on similar lines to the scheme outlined for the subnormal, being largely the province of the mental welfare officers. However, discussions with the Medical Superintendent and Consultant staff at Powick Hospital suggest that a considerable integration of our welfare services is possible. This is a consummation devoutly to be desired both as a means of preventing overlapping and also of ensuring the best available use of our resources for the well-being of the patient.



The provision of recreational facilities for mentally ill patients in the community is already being catered for to a large extent by the social club organised by the staff of Powick Hospital and no separate undertaking by the local authority is envisaged.

2. Residential accommodation will be provided at Perryfields on the halfway house principle whereby a discharged hospital patient can be boarded by the local authority until his confidence has been sufficiently nurtured to permit a complete return to normal life.

### *General*

1. Training: Authority has been given for one of our mental welfare officers to attend an appropriate training course. In the meantime, Dr. Spencer, Medical Superintendent of Powick Hospital, has kindly invited doctors and mental welfare officers of the Health Department to attend lectures and conferences at the hospital, a gesture much appreciated. Health visitors who are now expected to recognise in young children the early signs of mental illness or abnormal behaviour patterns must also receive some form of specialist in-service training and arrangements for this are in hand.

Dr. Henderson, the Deputy Medical Officer of Health, to attend a special course for the ascertainment of retarded intelligence in very young children during early 1960.

2. Perryfields: To carry out the requirements of the Mental Health Act, the Health Committee have purchased Perryfields Children's Home. Two of the main buildings have been allocated for the purpose already described in this account, the third and poorest in decorative condition, will be held in reserve until experience dictates the most suitable usage.
3. Staff: It is hoped that the Deputy Medical Officer of Health will undertake the day to day administration of our mental health scheme and an extra medical officer has been appointed to strengthen our clinical representation. As previously stated, another mental welfare officer was appointed early in the year and approval of an additional part-time clerk has also been secured.

## INFECTIOUS DISEASE

I should like to record my appreciation of the unfailing co-operation given to this Department by Dr. R. J. Henderson, Director of the Worcester Public Health Laboratory, and his staff.

**Diphtheria:** For the ninth successive year there has been no case of diphtheria in the City.

**Scarlet Fever:** 62 cases were notified in contrast to 104 cases in 1959. Clinically the disease was a mild one.

**Whooping Cough:** Notifications this year were double those of 1959. Nine cases occurred in children under 2 years who were physically so more vulnerable to this disease and its sequellae.

**Measles:** After last year's tour de force of 1,086 notifications, measles settled into the conventional bi-yearly trough, conserving its energies for 1962's onslaught. Only nine cases were notified.

**Dysentery:** Notifications reached the high total of 279, the majority being isolated occurrences. Unfortunately from the public health viewpoint, sonne dysentery is extremely difficult to control and probably the most effective means is specific drug treatment of the infected person so that the organisms are eliminated from the intestinal tract. However, each case is visited by either a doctor or public health inspector and advice on necessary hygiene measures given.

I am grateful to the general practitioners who were most alert in notifying suspected cases and initiating curative measures. This undoubtedly kept down the incidence in households where a case occurred. Fortunately sonne dysentery is a mild disease but it certainly played general post through the City this year.

**Food Poisoning:** 12 cases were reported, salmonella typhimurium being the causal organism in four instances, salmonella californica was responsible for one case and there was one occurrence of staphylococcal food poisoning. In the remaining outbreaks the organism was not identified.

**Poliomyelitis:** Three non-paralytic cases were diagnosed. A complete recovery was made by all. The ages of those infected were 13 years (male), 28 years (female) and 32 years (female) respectively.

**Venereal Disease:** First attendances at the special clinic at the Worcester Royal Infirmary were as follows:—

					1960	1959
Syphilis	...	...	...	...	4	5
Gonorrhoea		...	...	...	12	9
Other Conditions	...		...	...	49	38
Total	...	...	...	...	65	52

**Paratyphoid:** Two cases of paratyphoid B were notified in 1960.

One was a symptomless excretor whose source of infection was never discovered. The other was a school girl, a member of a party visiting France on an exchange basis, who developed the disease shortly after her return to Worcester. It is possible that she was infected while staying with a family in a rural area of central France or alternatively during transit through Paris.

Infection with typhoid/paratyphoid is by no means a rare event amongst devotees of continental holidays particularly where Mediterranean countries are concerned. TAB immunisation is a very worthwhile precaution to take prior to such travels. Sickness on holiday is always doubly miserable but away from the amenities of the National Health Service it can be financially disastrous as well.

**Meningococcal Septicaemia:** This case which had a fatal termination involved a boy of  $2\frac{1}{2}$  years who resided in Worcestershire County. He was notified as having this condition by the medical staff of the Worcester Royal Infirmary and statistically the case must be allocated to the City.

The table opposite shows cases of infectious disease notified during 1960, and classified in age groups.



Cases of Infectious Disease notified during the year 1960, classified in age groups.

Notifiable Disease	Number of Cases Notified										
	Age Groups										
	Under 1 year	Over 1 and under 2	Over 2 and under 3	Over 3 and under 4	Over 4 and under 5	5 years—9 years	10 years—14 years	15 years—24 years	25 years—44 years	45 years—64 years	65 years and over
Scarlet Fever	—	1	4	2	6	43	4	1	1	—	62
Whooping Cough	3	6	6	7	8	30	5	—	1	—	66
Acute Poliomyelitis (Paralytic)	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Non-Paralytic)	—	—	—	—	—	—	1	—	2	—	3
Measles	—	2	1	—	2	3	1	—	—	—	9
Diphtheria	—	—	—	—	—	—	—	—	—	—	—
Dysentery	12	19	35	12	11	60	34	23	43	23	279
Meningococcal Infections	—	—	1	1	—	9	2	3	5	9	1
Acute Pneumonia (Primary or Influenzal)	3	—	—	1	—	—	—	—	—	—	52
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis (infective)	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis (post infectious)	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fevers	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	1	—	1	—	—	2
Erysipelas	—	—	—	—	—	—	—	—	—	1	1
Food Poisoning	—	1	2	—	1	—	1	2	1	3	12
Tuberculosis (Respiratory)	—	—	1	—	—	1	—	6	7	14	34
Tuberculosis (Non-Respiratory)	—	—	—	—	—	—	—	—	1	—	1
Ophthalmia Neonatorum	10	—	—	—	—	—	—	—	—	—	10
Puerperal Pyrexia	—	—	—	—	—	—	—	—	8	3	11
Totals	28	29	50	22	28	147	48	36	69	53	543

Ministry of Health Circular 1/61—Section 6:—

Local Health Authorities are asked to report on liaison arrangements with hospitals and general practitioners designed to avoid unnecessary hospital admissions and outpatients attendances and to facilitate early discharge. Particular reference is made to the nursing of sick children at home and the after-care of children discharged from hospital is requested.

In accordance with the Circular, I can report that in Worcester this problem is largely met by close co-operation between hospital staff, general practitioners and Health Department staff. Information relating to appropriate cases is widely exchanged between hospital consultants, general practitioners and public health doctors. There is also a standard form in which information and recommendations relating to the care of a patient returning from hospital is shared between the hospital almoners and the health visitors. This has proved of particular value especially as it includes a direction as to whether or not urgent action is necessitated.

Where the nursing of sick children at home and the after-care of children discharged from hospital is concerned, reliance is placed on our regular services and no special Home Nursing Scheme for children exists or is being planned. In a compact community such as this, each case is fully considered and discussed and provision made on an individual basis.

Ministry of Health Circular 1/61—Section 7:—

Unfortunately this year it was not possible for a child guidance psychiatrist to advise the medical and nursing staff of child welfare clinics on the problems of emotional development and behaviour difficulties encountered in mothers and young children. However, Dr. A. M. Spencer, Medical Superintendent at Powick Hospital, very kindly undertook this tuition for us and his lectures to the child welfare staff were most successful.

## OTHER HEALTH DEPARTMENT SERVICES

### (a) CREMATIONS :

The Medical Officer of Health is the Medical Referee to the new Crematorium which was opened in Astwood Cemetery during the year. From 1st April to 31st December, 344 cremation forms were scrutinized.

### (b) NURSING HOMES :

There is only one private nursing home within the confines of the City and this was inspected at appropriate intervals.

### (c) EXAMINATION OF PLANS :

All plans submitted to the Authority are examined by Town Planning, City Engineer and Surveyor's and Public Health Departments. In the last instance, the Medical Officer of Health and the Chief Public Health Inspector are responsible for this scrutiny which, though rather an obtrusive chore, is a useful safeguard for the future health of the City.

### (d) NATIONAL ASSISTANCE ACT, 1948—SECTION 47; AND NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951 :

Compulsory removal to hospital or local authority old persons' home was undertaken in two instances this year. One was a man of over 80 years whose condition had steadily deteriorated and on examination he was found to be under-nourished and vermonius. He was living under extremely squalid conditions and there was no doubt as to his inability to care for himself.

The other was an old lady approaching her 80th year living alone in a neglected and dirty house. She had a physical conditions which, if untreated, would undoubtedly lead to generalized toxæmia and as she was adamant in her refusal of hospital admission it was necessary to admit her compulsorily as a life saving measure.



(e) NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948 :

Two new applications were approved during the year.

(f) MEDICAL EXAMINATION OF LOCAL AUTHORITY STAFF AND OTHERS :

Health Department Medical Staff examined 231 local authority staff for fitness to take up new appointments, 33 persons for fitness to enter training college, nine teachers on first appointments and 10 persons on behalf of other local authorities.

(g) PHARMACY AND POISONS ACT :

64 premises were the subject of licences granted under this Act.

(h) PET ANIMALS ACT :

Inspection of premises for registration under this Act is delegated to a veterinary surgeon who makes a yearly inspection of the two registered premises.

## SANITARY CIRCUMSTANCES OF THE AREA

Report of Mr. T. W. Marsden, M.R.S.I., M.S.I.A., Chief Public Health Inspector.

### WATER SUPPLY

The average daily consumption of water for all purposes was 55·4 gallons per head of population, a rise over the 1959 daily average of 3·5 gallons per head. This rise in consumption was caused by a small increase in the domestic consumption and a larger increase for industrial usage due to the demands of a new large food canning factory.

No extensions took place at the Waterworks.

The severe flooding of the River Severn in January and again in December flooded the Waterworks, and because there was a threat to the water supply the public were advised, as a precautionary measure, to boil all drinking water. During these periods the rate of chlorination was increased. Chemical and bacteriological samples, in some cases at hourly intervals, were taken from the Waterworks and from consumer taps; and whilst the amount of residual chlorine varied from sample to sample according to the source, only one bacteriological sample was returned as unfit for drinking.

### CARAVANS

The City Council's caravan site at Swanpool continued to be fully occupied throughout the year, and in addition the Health Committee, under the provisions of the Public Health Act, 1936, issued four licences to individual caravans.

The Caravan Sites and Control of Development Act, 1960, which came into operation on the 29th August, 1960, gave better control of caravans and caravan sites both from the public health and town planning aspects. The City Council decided that this Act should be administered by one Committee only, and resolved to delegate this administration to the Town Planning Committee.

### AIR POLLUTION

The most serious cause of air pollution in the City arises from the domestic chimneys; in this respect Worcester is no different from any other town of similar size and house density per acre. The type of fire-range installed in new houses is controlled by the Byelaws so that when Smoke Control Areas are introduced these new houses will not require modifications.

During the year nine new boiler installations and eight new chimney stacks received prior approval by the Health Committee.

One offence for the emission of black smoke from an industrial establishment was reported; the Health Committee issued a warning that any further offence would be dealt with summarily.

Complaints were received from householders and Council Members respecting black smoke emitted from coal-fired pottery kilns. These complaints were passed to the H.M. District Alkali Inspectorate. The Alkali Inspector made several special visits to the premises and kindly consulted with the Public Health Department.

#### FACTORIES ACTS, 1937 TO 1959

##### 1. Inspections (including inspections made by the Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	32	13	1	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority ...	367	80	20	—
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ...	8	5	—	—
Total ...	407	98	21	—



2. Cases in which Defects were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness ... ..	—	—	—	—	—
Overcrowding ... ..	—	—	—	—	—
Unreasonable temperature ... ..	—	—	—	—	—
Inadequate ventilation ... ..	—	—	—	—	—
Ineffective drainage of Floors ... ..	—	—	—	—	—
Sanitary Conveniences :					
(a) insufficient ... ..	4	4	—	2	—
(b) unsuitable or defective ... ..	23	23	—	15	—
(c) not separate for sexes ... ..	—	—	—	—	—
Other offences against the Act not including offences relating to Outwork ... ..	—	—	—	—	—
Total ... ..	27	27	—	17	—

### 3. Outwork (Sections 110 and 111).

Nature of Work	Section 110			Section 111		
	No. of outworkers in August list	Cases of default in sending lists	Prosecutions for failure to supply list	Instances of work in unwholesome premises	Notices served	Prosecutions
Making etc., of apparel ...	705	—	—	—	—	—
Furniture and upholstery ...	6	—	—	—	—	—
Nail Rivets and Staples ...	6	—	—	—	—	—
Carding, etc., of buttons, etc.	5	—	—	—	—	—
Total ...	722	—	—	—	—	—

## VISITS AND INSPECTIONS DURING THE YEAR

Accumulations	...	...	...	...	...	...	32
Animals	...	...	...	...	...	...	16
Bakehouses	...	...	...	...	...	...	16
Canal Boats	...	...	...	...	...	...	8
Closets: Water	...	...	...	...	...	...	18
Pail	...	...	...	...	...	...	5
Common Lodging Houses	...	...	...	...	...	...	12
Dairies	...	...	...	...	...	...	13
Dangerous Structures	...	...	...	...	...	...	28
Ditches and Water Courses	...	...	...	...	...	...	47
Drains: Inspections	...	...	...	...	...	...	525
Smoke Tests	...	...	...	...	...	...	16
Chemical Tests	...	...	...	...	...	...	5
Colour Tests	...	...	...	...	...	...	51
Entertainment Houses	...	...	...	...	...	...	11
Factories: Power	...	...	...	...	...	...	80
Non-power	...	...	...	...	...	...	13
Others	...	...	...	...	...	...	5
Food: Manufacturing Premises	...	...	...	...	...	...	7
Examination	...	...	...	...	...	...	215
Shops and Warehouses	...	...	...	...	...	...	360
Vehicles	...	...	...	...	...	...	79
Hotel and Restaurant Kitchens	...	...	...	...	...	...	187
Houses: Let-in-Lodgings	...	...	...	...	...	...	37
Overcrowding	...	...	...	...	...	...	32
Vermin	...	...	...	...	...	...	63
Section 9	...	...	...	...	...	...	72
Section 16	...	...	...	...	...	...	797
Section 42	...	...	...	...	...	...	569
Public Health Act	...	...	...	...	...	...	1,391



Hairdressers	...	...	...	...	...	...	10
Ice Cream: Shops	...	...	...	...	...	...	30
Manufactories	...	...	...	...	...	...	7
Infectious Disease Visits	...	...	...	...	...	...	888
Licensed Premises	...	...	...	...	...	...	45
Markets	...	...	...	...	...	...	42
Merchandise Marks Act	...	...	...	...	...	...	1
Miscellaneous Nuisances	...	...	...	...	...	...	61
Offensive Trades	...	...	...	...	...	...	3
Rent Act	...	...	...	...	...	...	54
Rodent Control	...	...	...	...	...	...	74
Sampling: Bacteriological	...	...	...	...	...	...	63
Fertilisers and Feeding Stuffs	...	...	...	...	...	...	21
Food and Drugs	...	...	...	...	...	...	80
Ice Cream	...	...	...	...	...	...	8
Milk	...	...	...	...	...	...	228
Schools	...	...	...	...	...	...	3
Septic Tanks	...	...	...	...	...	...	1
Sewers	...	...	...	...	...	...	126
Shops Act	...	...	...	...	...	...	798
Slaughterhouses: Public	...	...	...	...	...	...	35
Private	...	...	...	...	...	...	609
Smoke: Inspections	...	...	...	...	...	...	63
Observations	...	...	...	...	...	...	183
Special Visits	...	...	...	...	...	...	486
Tips	...	...	...	...	...	...	25
Van Dwellings	...	...	...	...	...	...	82
Water Supply	...	...	...	...	...	...	177
Noise Complaints	...	...	...	...	...	...	7
Flood Visits	...	...	...	...	...	...	364
Exhumation	...	...	...	...	...	...	1
National Assistance Act, Part 3	...	...	...	...	...	...	4

*Number of Notices Served and Summary of Work Carried Out during the Year*

Number of Preliminary Notices served ... ..	101
Number of Verbal Notices ... ..	22
Number of Notice Letters Re: Housing Defects ...	120
„ „ „ „ Re: Food Hygiene ...	81
„ „ „ „ Re: Factories ... ..	21
„ „ „ „ Re: Miscellaneous Nuisances	23
Corporation Act Notices:	
Section 119 (Roofs) ... ..	6
Section 103 (Drainage) ... ..	10
Number of Notices (Statutory) served:	
Section 39 ... ..	2
Section 45 ... ..	2
Section 93 ... ..	13
Section 138 ... ..	17
Number of complaints received and investigated ...	231
Number of notices sent regarding infectious diseases:	
Keeping of Animals ... ..	2
Accumulations ... ..	2
Vermin ... ..	1
Rats and Mice ... ..	1
Dustbins ... ..	2
Drains Cleared ... ..	3
Drains Repaired ... ..	6
Water Closets ... ..	24
W.C. Buildings ... ..	11
Water Supply ... ..	2
Paving ... ..	8
Roofs ... ..	68
Spouting ... ..	39
Chimneys ... ..	16
Dampness ... ..	18
Sinks ... ..	4
Windows ... ..	44
Floors ... ..	24

Walls, External	...	...	...	...	...	...	21
Walls, Internal	...	...	...	...	...	...	51
Ceilings	...	...	...	...	...	...	17
Bakehouses	...	...	...	...	...	...	9
Cafes	...	...	...	...	...	...	5
Food Shops	...	...	...	...	...	...	7
Food Preparation Rooms			...	...	...	...	9
Food Delivery	...	...	...	...	...	...	1
Smoke	...	...	...	...	...	...	7
Factories: Cleanliness	...	...	...	...	...	...	6
Lighting	...	...	...	...	...	...	3
Sanitary Accommodation	...	...	...	...	...	...	19
Shops and Offices: Lighting	...	...	...	...	...	...	7
Ventilation	...	...	...	...	...	...	9
Sanitary Accommodation					...	...	31
Washing Accommodation					...	...	8
Food Hygiene Regulations: Wash-hand Basins					...	...	11
Sinks	...	...	...	...	...	...	8
Internal Structural Repairs						...	2
Cleansing	...	...	...	...	...	...	32
First Aid and Clothing	...	...	...	...	...	...	9
Hot and Cold Water	...	...	...	...	...	...	19
Equipment	...	...	...	...	...	...	51

## RODENT CONTROL

A staff of one rodent officer, one full-time and one part-time operative was employed by the Department in exterminating rats and mice.

During the year, 330 dwelling houses, 85 business premises and 128 local authority properties or land were treated for infestations and approximately 7,450 rats were exterminated. Regular and systematic inspections were carried out at hospitals, clinics, day nurseries, schools, river and canal banks, allotments, tipping grounds and sewage disposal works.

The following table shows the amount of work carried out on city sewers during the year:—

Number of manholes test baited	...	...	...	...	376
Number of manholes fully treated	...	...	...	...	302
Number of manholes showing complete "takes"	...	...	...	...	73
Number of manholes showing partial "takes"	...	...	...	...	26



## FOOD INSPECTION AND SUPERVISION OF PREMISES

To ensure that the public receives a supply of wholesome food is surely one of the most vital duties of a public health department. It is a duty which requires constant and careful vigilance, for the feeding habits of the nation, the marketing of food and the personnel handling food are constantly changing. Changing no less are the Acts, Orders, Regulations and Codes of Practice governing the food supply.

### MILK

The most noticeable change in the milk supply during the year was the increase in the sale of sterilised milk. One firm built an extension to its dairy and installed a milk sterilising plant ready for licensing and operation on 1st January, 1961. Other purveyors of milk obtain their supplies of bottled sterilised milk from licensed premises outside the City.

One pasteurising plant (holder type) closed down during the year.

One has only to witness the filthy condition of some of the milk bottles returned to our dairies to realise the needless difficulty which faces the dairyman. If the public would rinse and return milk bottles promptly they would assist in the production of the clean milk supply which they demand.

### *Bacteriological Examinations*

The following table gives the results of bacteriological milk samples taken.

<i>Type of Milk</i>	<i>Test</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Total</i>
Pasteurised	Methylene Blue	106	—	106
Pasteurised	Phosphatase	106	—	106
Tuberculin Tested	Methylene Blue	20	1	21
T.T. Pasteurised	Methylene Blue	91	—	91
T.T. Pasteurised	Phosphatase	90	1	91
Channel Island T.T. Pasteurised	Methylene Blue	9	—	9
Channel Island T.T. Pasteurised	Phosphatase	9	—	9
Sterilised	Turbidity	37	—	37

Fourteen samples from washed milk containers were submitted for bacteriological examination, and of these six were reported to be satisfactory and eight unsatisfactory.

## ICE CREAM

Eight samples were taken for bacteriological examination. Of these six were reported to be Grade 1, one Grade 2 and one Grade 3.

The following is a summary of the results of samples submitted for analysis by the Public Analyst.

## Formal Samples (Food and Drugs Act):

Total taken	...	...	...	...	...	...	13
Found deficient in fat	...	...	...	...	...	...	4
Found deficient in solids non-fat	...	...	...	...	...	...	1
Found deficient in fat and solids non-fat	...	...	...	...	...	...	1

All these samples were found to be genuine on bulking the consignment.

## Informal Samples (Food and Drugs) Act:

Total taken	...	...	...	...	...	...	78
Found deficient in fat	...	...	...	...	...	...	7
Found deficient in solids non-fat	...	...	...	...	...	...	10
Found deficient in fat and solids non-fat	...	...	...	...	...	...	3

Of these samples those found to be deficient in fat were found to be genuine on bulking the consignment. Those deficient in solids non-fat were genuine when submitted to the freezing test.

## FOOD PREMISES

The following is a list of premises in the City where food is exposed for sale, or prepared for sale.

Bakers	...	...	...	...	...	...	12
Butchers	...	...	...	...	...	...	60
Cafes, restaurants, snack bars	...	...	...	...	...	...	54
Confectioners (flour)	...	...	...	...	...	...	19
Confectioners (sweets)	...	...	...	...	...	...	44
Fish and Chips	...	...	...	...	...	...	21
Fishmongers	...	...	...	...	...	...	20
Fruiterers	...	...	...	...	...	...	7
Greengrocers	...	...	...	...	...	...	25

Grocers	...	...	...	...	...	...	170
Public houses	...	...	...	...	...	...	146
Social clubs	...	...	...	...	...	...	32
Supermarkets	...	...	...	...	...	...	4
Warehouses	...	...	...	...	...	...	19
Works canteens and School kitchens	...	...	...	...	...	...	38

## FOOD AND DRUGS

### *Informal Samples (other than milk and ice cream)*

Pork Pies	...	...	...	...	...	...	25
Beef Pies	...	...	...	...	...	...	1
Steak and Kidney Pies	...	...	...	...	...	...	10
Pilchards in Tomato	...	...	...	...	...	...	2
Salmon Sandwiches	...	...	...	...	...	...	3
Orange Segments in Syrup	...	...	...	...	...	...	1
Honey	...	...	...	...	...	...	1
Apples	...	...	...	...	...	...	1
Fish Paste	...	...	...	...	...	...	1
Ground Almonds	...	...	...	...	...	...	1
Demarara Sugar	...	...	...	...	...	...	1
Dessicated Coconut	...	...	...	...	...	...	1
Coffee and Chicory Essence	...	...	...	...	...	...	1
Mince Meat	...	...	...	...	...	...	1
Plum Pudding	...	...	...	...	...	...	1
Evaporated Milk	...	...	...	...	...	...	1
Cochineal	...	...	...	...	...	...	1
Pickling Spices	...	...	...	...	...	...	1
Jelly	...	...	...	...	...	...	1
Glace Cherries	...	...	...	...	...	...	1
Custard Powder	...	...	...	...	...	...	1
Beef Suet	...	...	...	...	...	...	2
Milk Shake	...	...	...	...	...	...	1

### *Formal Samples*

Milk	...	...	...	...	...	...	13
Spirits	...	...	...	...	...	...	10



### *Prosecutions*

Two prosecutions were taken under the Food and Drugs Act, 1955.

Adulterations of Whisky	...	...	...	Fined £10
Adulteration of Gin	...	...	...	Fined £5

In addition the Health Committee issued three warnings to traders for smoking offences under the Food Hygiene Regulations, and one warning for contaminated bread rolls.

### *Food Standards—Meat Pies*

At the invitation of the A.M.C., the Health Committee agreed to participate in a survey of the quality and meat content of Meat Pies as evidence for the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food, for consideration in connection with the desirability or otherwise of statutory control.

The Worcestershire County Council were also engaged on this survey, and to prevent duplication of samples the City Health Department co-operated with the County Council's Food and Drugs Officers.

The survey covered the first two quarters of the year and a summary of the results forwarded to the Food Standards Committee is given below:—

<i>Authority</i>	<i>No. of Samples Examined</i>		<i>Meat Content of Pie</i>		
			<i>Fat Per Cent</i>	<i>Lean Per Cent</i>	<i>Total Per Cent</i>
County	65	Highest	13.7	48.5	55.2
		Lowest	1.6	10.2	16.5
		Average	7.7	22.4	30.1
City	35	Highest	11.3	32.0	35.2
		Lowest	2.0	9.8	13.2
		Average	5.8	19.4	25.2

Twenty-nine (County 14, City 15) of the 100 samples examined had total meat content of less than 25 per cent, and 7 (County 3, City 4) had less than 20 per cent. The Public Analyst suggested that a fair minimum would be 25 per cent total meat including not more than 10 per cent of fat.

*Registrations or Licences granted by the Health Committee*

## Food and Drugs Act, 1955, Section 16:

Ice cream manufacturers ... ..	3
Ice cream dealers ... ..	290
Manufacturers of Preserved Foods ... ..	26

## Food and Drugs Act, 1955, Section 62:

Slaughterhouses ... ..	5
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## Milk and Dairies Regulations, 1949:

Dairies ... ..	5
Purveyors of milk ... ..	42

## Milk (Special Designation) Regulations:

Dealer's (Pasteuriser's) Licences ... ..	3
Dealer's (Pasteurised) Licences ... ..	36
Dealer's (Tuberculin Tested) Licences ... ..	29
Dealer's (Sterilised) Licences ... ..	10
Supplementary Licences (T.T.) ... ..	3
Supplementary Licences (Pasteurised) ... ..	3

## Slaughter of Animals Act, 1958:

Slaughtermen ... ..	33
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## SLAUGHTERHOUSES ACT, 1958

The Slaughterhouses Report submitted by the City Council for approval of the Ministry of Agriculture, Fisheries and Food, showed that neither the public slaughterhouses nor the 5 private slaughterhouses conformed to the Slaughterhouse Construction Regulations, and that, with the exception of 1 private slaughterhouse, none could be made to conform. The Ministry have approved that June, 1964, shall be the date by which all slaughterhouses in the City must conform to the Regulations. The report also stated that the City Council proposed to build a new public slaughterhouse capable of supplying the requirements of 100,000 population.

# Private Slaughterhouses

## Carcases and Offal Inspected and Condemned in whole or in part

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known) ... ..	429	215	609	5116	903	—
Number inspected ... ..	429	215	609	5116	903	—
<i>All diseases except Tuberculosis and Cysticerci</i>						
Whole carcases condemned ... ..	—	—	16	59	—	—
Carcases of which some part or organ was condemned ... ..	19	96	1	508	22	—
Percentage of the number inspected affected with disease other than tuberculosis ... ..	4.43	44.7	2.8	11.1	2.4	—
<i>Tuberculosis only</i>						
Whole carcases condemned ... ..	—	—	—	—	—	—
Carcases of which some part or organ was condemned ... ..	1	—	—	—	18	—
Percentage of the number inspected affected with tuberculosis ... ..	0.23	—	—	—	2.0	—
<i>Cysticercosis</i>						
Carcases of which some part or organ was condemned ... ..	—	1	—	—	—	—
Carcases submitted to treatment by refrigeration ... ..	—	1	—	—	—	—
Generalised and totally condemned ... ..	—	—	—	—	—	—



*Carcases and Offal Inspected and Condemned in whole or in part*

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known) ... ..	3392	122	456	14403	5860	—
Number inspected ... ..	3392	122	456	14403	5860	—
<i>All diseases except Tuberculosis and Cysticerci</i>						
Whole carcases condemned ... ..	6	8	22	33	29	—
Carcases of which some part or organ was condemned ... ..	145	35	1	246	99	—
Percentage of the number inspected affected with disease other than tuberculosis ... ..	4.5	35.2	5.04	1.93	2.2	—
<i>Tuberculosis only</i>						
Whole carcases condemned ... ..	—	—	—	—	—	—
Carcases of which some part or organ was condemned ... ..	—	5	—	—	14	—
Percentage of the number inspected affected with tuberculosis ... ..	—	4.1	—	—	.24	—
<i>Cysticercosis</i>						
Carcases of which some part or organ was condemned ... ..	5	—	—	—	—	—
Carcases submitted to treatment by refrigeration ... ..	5	—	—	—	—	—
Generalised and totally condemned ... ..	—	—	—	—	—	—

## MEAT INSPECTION

Despite the fact that our slaughterhouses do not fully comply with the Construction Regulations, the standard of slaughtering will bear comparison with any place in the country. The incidence of cases of *Cysticercus Bovis*, which in certain areas of England has been extensive, has never been high in Worcester, though a keen examination is made of every carcass of beef. The effect of the Tuberculosis Eradication Scheme is now becoming very marked. Whereas, prior to 1955, approximately 35 per cent of cattle inspected revealed some form of tubercular infection, there was in 1960 only 4.5 per cent of the heifers and steers killed at the public and private slaughterhouses found to be affected by tuberculosis.

Weight of meat and offals condemned at			
Public Slaughterhouses	...	...	18,280 lbs.
Weight of meat and offals condemned at			
Private Slaughterhouses	...	...	6,273 lbs.
Total: 10 ton 19 cwts. 25 lbs.			

## DISPOSAL OF CONDEMNED MEAT

Meat and offals condemned at all the slaughterhouses are collected daily by approved firms for transfer to their premises for sterilization.

## FOODSTUFFS (OTHER THAN BUTCHERS' MEAT AT SLAUGHTERHOUSES) CONDEMNED DURING THE YEAR

Fish	...	...	...	...	...	613 lb.
Tinned foods (7,973 tins)	...	...	...	...	...	15,822 lb.
Miscellaneous foods	...	...	...	...	...	2,455 lb.
Meat	...	...	...	...	...	1,331 lb.

## DISPOSAL OF CONDEMNED FOODSTUFFS

Condemned fish and fish offals are accumulated at the Corporation Cleansing Depot and disposed of by the Corporation. Tinned foods, etc., are collected by Health Department staff from various shops, warehouses, etc., and are disposed of by burying in the Corporation tip.

## FERTILISERS AND FEEDING STUFFS ACT

Ten informal samples of fertiliser and 10 informal samples of feeding stuffs were submitted to the Analyst. Warning letters were sent respecting five informal samples of fertiliser and two informal samples of feeding stuffs which were found on analysis not to agree with the statements.

## HOUSING

### (1) SLUM CLEARANCE

It is regrettable that to a large proportion of the general public the modern usage of the term "Slum Clearance" is indicative of a group of people of low mentality, and of unclean habits and waywardness, rather than indicative of a group of houses which, by present day standards of amenities or by gross disrepair, have become unfit for human habitation. Whilst it is true that Worcester has possessed and still possesses more than its fair average of unfit houses, it is nevertheless true that the people who have the misfortune to be resident in these unfit houses, are by and large, clean, decent, hardworking citizens who have tried with amazing success to make unfit houses into fit homes for themselves and their children.

During the year, 147 houses were represented to the Health Committee as unfit houses; and so far as the Health Department is concerned the removal of unfit houses has progressed at a satisfactory pace.

### (2) OVERCROWDING

Although complaints of overcrowding continue to reach the Department, investigations show that very few cases are occurring of genuine legal overcrowding according to Housing Act standards: but then the standard set by the Housing Act is not very high according to present day thought.

### (3) REHOUSING

During the year there were built 422 new houses of which 204 were built by the Council and 218 by private builders. 153 families were rehoused from unfit houses during the year, making a total of 711 families rehoused on "Slum Clearance" subsidy. 152 houses were demolished either as a result of action under the Housing Act or by private action.

The erection of new dwellings during the decade 1951-1960 has been the most spectacular in the traceable history of the City; 2,725 houses were built by the City Council and 1,579 by private enterprise, giving a total of 4,304 new houses. During this period 904 houses were demolished. The population increased by 4,783 from 59,703 to 64,490, and the average occupancy of dwelling houses fell from 3.49 to 3.04 persons per house.



Four factors appear to have influenced this rebuilding spurt.

- (a) The average family size has diminished greatly since the Victorian and Edwardian days.
- (b) Industrial prosperity has not only brought emigrés to the City, but has been the means of granting improved standards to many citizens.
- (c) The rapid deterioration, helped no doubt by the war years, of early and mid 19th century houses has promoted large scale clearances of unfit houses.
- (d) Education in its broadest sense has fostered a desire amongst the people, particularly the younger people, to embrace a better type of dwelling and social comfort. And in this sense what was fit for grand-mother is not acceptable to the younger generation.

#### RENT ACT, 1957.

##### *Applications for Certificates of Disrepair*

Number of applications for certificates ... ..	9
Number of decisions not to issue certificates ... ..	1
Number of decisions to issue certificates ... ..	8
(a) in respect of some but not all defects ... ..	0
(b) in respect of all defects ... ..	8
Number of undertakings given by landlords under paragraph 5 of the First Schedule ... ..	8
Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	0
Number of certificates issued ... ..	0

##### *Applications for cancellation of Certificates*

Application by landlords to Local Authority for cancellation of Certificates ... ..	2
Objections by tenants to cancellations of Certificates ...	0
Certificates cancelled by Local Authority ... ..	2
Applications for certificates as for remedy of Defects which the landlord has undertaken to remedy	
(a) By Landlord ... ..	4
(b) By Tenant ... ..	0

## HOUSING STATISTICS

*1. Inspection of Dwelling-houses during the year :*

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... ..	2,428
(b) Number of inspections made for the purpose	2,864
(2) (a) Number of dwelling-houses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations, 1925, 1932 ... ..	189
(b) Number of inspections made for the purpose	431
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..	189
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ... ..	95

*2. Remedy of defects during the year without service of formal notices :*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... ..	83
--	----

*3. Action under Statutory Powers during the year :*

(a) Proceedings under Section 9, Housing Act, 1957:	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	Nil
(2) Number of dwelling-houses which were rendered fit after service of formal notices:	
(a) By owners ... ..	Nil
(b) By Local Authority in default of owner	Nil

## (b) Proceedings under the Public Health Act, 1936:

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... ..	12
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:	
(a) By owners ... ..	12
(b) By Local Authority in default of owner	Nil

## (c) Proceedings under Sections 16, 17 and 23, 28 of the Housing Act, 1957:

(1) Number of dwelling-houses in respect of which Demolitions Orders were made ...	69
(2) Number of dwelling-houses in respect of which Closing Orders were made ... ..	30
(3) Number of dwelling-houses demolished in pursuance of demolition orders ... ..	81
(4) Number of demolition orders determined ...	Nil
(5) Number of closing orders determined ...	1
(6) Number of dwellings closed on undertaking	4
(7) Number of reconditioning schemes accepted	Nil
(8) Number of demolition orders substituted for closing orders ... ..	4

## (d) Proceedings under Section 18, Housing Act, 1957:

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ... ..	4
(2) Number of undertakings accepted to close houses for human habitation ... ..	3
(3) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ... ..	Nil
(4) Reconditioning schemes accepted in respect of dwelling-houses ... ..	1

## (e) Proceedings for demolition of unfit houses owned by Local Authority (Circular 33/56) ... ..

5



## NOISE NUISANCE

Although nuisances from noise and vibration have been classified as statutory nuisances in the City since the operation of the Worcester Corporation Act, 1951, the Noise Abatement Act, 1960, together with the concomitant publicity redirected the public towards the avenue of redress and stimulated a fresh impetus to complainants.

Nothing can be more nerve wrecking than the disturbance from unwanted noise; except it be the complete reverse—a few days in “Solitary confinement”. The cacophony of cymbals, cornet and clarinette may be music to the Coca-Cola crazy coons in a midnight orgy, but it is no slumber song to their neighbours.

No other nuisance is so difficult to assess; the degree of tolerance to noise varies from person to person, even from district to district. No other nuisance is so fraught with technical difficulties in ameliorating; there is no general answer to a problem, for each piece of noise producing machinery, together with its building and environment creates a new problem.

Yet, despite all the difficulties, the control of unwanted noise gives a challenge not only to the public health department but also to the town planner. For the noisy mechanisation of the present day should not be allowed to rob a man of his right to enjoy the quietude of his own home, or to inflict an unnecessary strain on the workman.

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# **ANNUAL REPORT**

**for the Year**

**1959**



# INDEX

	Page
Ambulance Service ... ..	99-100
Ante-Natal Clinics ... ..	89
Atmospheric Pollution ... ..	117
Births—Premature ... ..	95
Caravans ... ..	117
Common Lodging Houses ... ..	117
Condemned Meat and Foodstuffs ... ..	131
Day Nurseries ... ..	94
Drainage and Sewerage ... ..	117
Expectant Mothers—Dental Treatment ... ..	90-91
Factories Act ... ..	118-119
Family Care ... ..	106
Fertilisers and Feeding Stuffs Act ... ..	131
Food Inspection ... ..	125-128
Health Committee ... ..	82
Education ... ..	105
Sub-Committees ... ..	83-84
Visiting ... ..	96
Home Help Service ... ..	106
Housing ... ..	132-135
Ice Cream ... ..	126
Immunisation—Diphtheria ... ..	97
Whooping Cough ... ..	97
Infant Welfare Clinics ... ..	91-92
Infectious Diseases—General ... ..	112-113
Table of Notifications ... ..	114
International Certificates ... ..	115
Meals on Wheels ... ..	106
Medical Examinations of Staff ... ..	115
Mental Health Services ... ..	107-111
Midwifery ... ..	94
Milk ... ..	125-126

	Page
National Assistance Act, 1948 ... ..	115
National Assistance (Amendment) Act, 1951 ... ..	115
National Society for the Prevention of Cruelty to Children ...	93-94
Nurseries and Child Minders Regulations ... ..	115
Nursing Equipment—Loans of ... ..	105
Homes ... ..	115
Offensive Trades ... ..	117
Outwork ... ..	120
Pet Animals Act ... ..	115
Pharmacy and Poisons Act ... ..	115
Plans—Examination of ... ..	115
Prevention of Illness, Care and After-Care ... ..	101-105
Public Health Inspectors—Visits and Inspections ... ..	121-125
Recuperative Holidays ... ..	105
Relaxation Classes ... ..	89
Rodent Control ... ..	124
Sanitary Circumstances of the Area ... ..	116
Slaughterhouses ... ..	128-131
Slaughter of Animals Act ... ..	131
Staff ... ..	85-87
Statistics—General ... ..	88
Vital ... ..	88
Tuberculosis After-Care ... ..	101-104
Tuberculosis—Notifications and Deaths ... ..	101
Unmarried Mothers—Care of ... ..	89-90
Vaccination—B.C.G. ... ..	98-99
Poliomyelitis ... ..	98
Smallpox ... ..	96
Water Supply ... ..	116
Welfare Foods ... ..	92
Women's Advisory Clinic ... ..	91

# HEALTH COMMITTEE

31st December, 1959

HIS WORSHIP THE MAYOR (Councillor Joseph Williams, J.P.)

*Chairman* : ALDERMAN FREDERICK LIONEL SPALDING

*Vice-Chairman* : ALDERMAN MRS. FRANCES ROSA RATCLIFFE

## ALDERMEN

THOMAS STANLEY BENNETT

WILLIAM JOHN DANIEL

BERTRAM BROTHERTON

HAROLD ERNEST WATTS

## COUNCILLORS

ARTHUR BURROWS

GEORGE CYRIL KERR

KEVIN CAMPBELL

MRS. HILDA MAY LETTICE

HERBERT JOHN EVANS

JAMES HAROLD MUNSLOW

HORACE HENRY EXALL

CHARLES JOSEPH REYNOLDS

GERALD JOHN HART

JOHN WEAVER

## NON-MEMBERS OF THE COUNCIL

*Representing the Medical  
Profession*

DR. D. M. BRIERLEY

DR. P. H. MULHERN

DR. MARGARET NORTON

*Representing the Ophthalmic  
Profession*

MR. I. LLOYD-JOHNSTONE

*Representing the Dental  
Profession*

MR. I. THOMAS

*Representing the  
Pharmaceutical Profession*

MR. S. S. MASSEY



## HEALTH SUB-COMMITTEES

### *Accounts*

ALDERMAN BROTHERTON

ALDERMAN SPALDING

ALDERMAN MRS. RATCLIFFE

ALDERMAN WATTS

### *Baths*

ALDERMAN BROTHERTON

COUNCILLOR WEAVER

ALDERMAN SPALDING

MR. G. JONES

ALDERMAN WATTS

(nominated by Worcester  
Schools Sports Association)

COUNCILLOR EVANS

COUNCILLOR HART

### *Health Centres*

ALDERMAN DANIEL

MR. W. LUDLAM (nominated  
by the City of Worcester  
Executive Council)

ALDERMAN MRS. RATCLIFFE

ALDERMAN SPALDING

MR. E. R. HARRIS (nominated  
by the City of Worcester  
Executive Council)

COUNCILLOR EXALL

DR. J. M. DUNCAN

MR. I. LLOYD-JOHNSTONE

DR. C. T. MILLS

DR. P. H. MULHERN

### *Mental Health Services*

ALDERMAN BROTHERTON

COUNCILLOR REYNOLDS

ALDERMAN MRS. RATCLIFFE

MR. T. H. GRIFFITHS

ALDERMAN SPALDING

DR. P. H. MULHERN

COUNCILLOR MRS. LETTICE

*Midwifery Etc.*

ALDERMAN BENNETT

ALDERMAN MRS. RATCLIFFE

ALDERMAN SPALDING

COUNCILLOR MRS. LETTICE

COUNCILLOR WEAVER

DR. P. H. MULHERN

DR. MARGARET NORTON

*Property Inspection*

ALDERMAN BENNETT

ALDERMAN DANIEL

ALDERMAN MRS. RATCLIFFE

ALDERMAN SPALDING

ALDERMAN WATTS

COUNCILLOR BURROWS

COUNCILLOR CAMPBELL

COUNCILLOR HART

COUNCILLOR KERR

COUNCILLOR MUNSLOW

COUNCILLOR WEAVER

*Staffing*

ALDERMAN BENNETT

ALDERMAN DANIEL

ALDERMAN MRS. RATCLIFFE

ALDERMAN SPALDING

COUNCILLOR REYNOLDS

COUNCILLOR WEAVER

## PUBLIC HEALTH DEPARTMENT STAFF, 1959

### *Medical Officer and Principal School Medical Officer :*

A. J. B. GRIFFIN, M.B., Ch.B., D.P.H.  
(retired 30th September, 1959)

G. M. O'DONNELL, B.A., M.B., B.Ch., D.P.H.  
(commenced 1st October, 1959)

### *Assistant Medical Officers of Health :*

ELIZABETH G. HENDERSON, M.B., B.Ch., B.A.O., D.P.H. (a)

MOIRA K. E. ALLINGTON, B.A., M.B., B.Ch., D.C.H. (a)

### *Chest Physician (part-time) :*

E. N. MOYES, M.R.C.P.  
(Chest Physician, Regional Hospital Board)

### *Chief Dental Officer :*

E. R. DOWLAND, L.D.S., R.C.S. (Eng.) (a)

### *Dental Officer :*

BETTY SAVAGE, B.D.S., L.D.S. (a) (resigned 14th March, 1959)

### *Dental Attendants :*

MRS. A. WADE (a)

MISS B. J. SEERS (a)

### *Public Analyst :*

M. M. LOVE, F.R.I.C. (County Analyst—Services utilised by  
arrangements with Worcestershire County Council)

### *Chief Public Health Inspector :*

T. W. MARSDEN (b) (c) (d) (e)

### *Deputy Chief Public Health Inspector :*

T. H. CUTLER (b) (c) (d) (resigned 24th September, 1959)

J. H. BENJAMIN (b) (c) (commenced 1st October, 1959)

### *District Public Health Inspectors :*

J. B. JONES (b) (c)

J. MURDOCH (b) (c)

D. NEWSON (b) (c)



*Pupil Public Health Inspector :*

C. A. L. E. FLETCHER (resigned 30th September, 1959)

*Rodent Officer :*

P. ROWBERRY

*Disinfector, Van Driver, Etc. :*

C. A. WEBB

*Superintendent Health Visitor and School Nurse :*

MISS D. M. CATLIN (a) (f) (h) (i)

*Tuberculosis Visitor :*

MISS D. H. EDGAR (i) (m) (resigned 19th March, 1959)

MISS L. A. MACHELL (h)

(commenced 9th March, 1959, resigned 10th October, 1959)

MISS E. B. M. HANDS (h) (m) (commenced 26th October, 1959)

*Health Visitors and School Nurses :*

MISS N. HARDIMAN (a) (g) (h) (i) (p)

MISS O. R. JONES (a) (f) (h) (i) (j)

MISS B. A. FLINT (a) (g) (h) (i) (j)

MISS P. O. VILES (a) (f) (h) (i) (j) (o)

MISS E. M. GEORGE (a) (f) (h) (i) (j)

MISS B. RHODES (a) (f) (h) (i) (resigned 22nd August, 1959)

MISS P. M. GANT (a) (f) (h) (i) (commenced 1st June, 1959)

MISS F. M. KENDRICK (a) (f) (h) (i) (j)

(commenced 24th August, 1959)

*Superintendent, Nursing Institute and Non-Medical Supervisor of Midwives :*

MISS M. E. YOUNGS (f) (h) (i) (j)

*Assistant Superintendent, Nursing Institute :*

MISS I. M. SNAPE (f) (h) (i) (j) (resigned 28th February, 1959)

*Midwives, Nursing Institute :*

MISS M. MARTIN (f) (h) (resigned 31st December, 1958)

MISS N. SIDEBOTTOM (f) (h) (commenced 1st April, 1959)

MISS J. E. CURNOW (f) (h) (resigned 12th April, 1959)

MISS E. FRANCE (f) (h) (n) (commenced 17th August, 1959)

*Clerk, Nursing Institute :*

MISS M. M. PARSONS

*Mental Welfare Officers :*

W. H. HORNE (h) (q)

J. A. EVERETT (commenced 1st October, 1959)

*Day Nursery Matrons :*

MISS C. PAIN (k)

MISS M. E. GRIFFIN (l)

*Occupational Therapist :*

MISS R. A. YOUNG (commenced 16th January, 1959. Seconded from the Worcestershire County Council on a sessional basis)

*Chief Clerk :*

P. M. CHRISTIAN

*Senior Clerk :*

J. A. EVERETT (r) (resigned 30th September, 1959)

MISS E. C. GRIFFIN (commenced 1st October, 1959)

*Clerical Officers :*

MISS M. F. DUNNE

MISS E. C. GRIFFIN (resigned 30th September, 1959)

MISS E. BISHOP

and 4 full-time clerks

- (a) Joint appointment—Maternity and Child Welfare and School Health Service.
- (b) Inspector's Certificate of the Royal Sanitary Institute.
- (c) Certificate of the Royal Sanitary Institute for the Inspection of Meat and other Foods.
- (d) Smoke Inspector's Certificate.
- (e) Sanitary Science as applied to building and Public Works.
- (f) Certificate of Midwives Board.
- (g) Certificate of Midwives Board, Part 1.
- (h) State Registered Nurse.
- (i) Health Visitor's Certificate.
- (j) Queen's Nurse.
- (k) Norland Trained Nursery Nurse.
- (l) Princess Alice Nursery Nurse.
- (m) Certificate of Tuberculosis Association.
- (n) Midwifery Teaching Diploma.
- (o) Registered Sick Children's Nurse.
- (p) Ear, Nose and Throat Certificate.
- (q) State Registered Mental Nurse.
- (r) Relief duties only.

## GENERAL STATISTICS

Area (in acres) ... ..	6,114
Estimated population ... ..	64,000
Number of inhabited dwellings ... ..	20,910
Number of persons per dwelling ... ..	3.06
Rateable value of the borough ... ..	£998,442
Product of a Penny Rate ... ..	£4,090

## VITAL STATISTICS

## Live Births

Number ... ..	1,017
Rate per 1,000 population ... ..	15.25
Illegitimate Live Births per cent of total live births	4.52

## Stillbirths

Number ... ..	21
Rate per 1,000 total live and still births ...	20.23
Total Live and Still Births ... ..	1,038
Infant Deaths (deaths under 1 year) ... ..	25

## Infant Mortality Rates

Total infant deaths per 1,000 total live births ...	24.58
Legitimate infant deaths per 1,000 legitimate live births ... ..	24.71
Illegitimate infants deaths per 1,000 illegitimate live births ... ..	21.74

Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births) ... ..	17.7
--	------

Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births) ... ..	14.75
---	-------

Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths) ... ..	34.68
---	-------

## Maternal Mortality (including abortion)

Number of deaths ... ..	—
Rate per 1,000 total live and still births ...	—
Number of deaths from tuberculosis (all respiratory) ... ..	5
Death rate per 1,000 population ... ..	0.75



## NATIONAL HEALTH SERVICE ACT, 1946

### SECTION 22—CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE:

#### (a) Ante-Natal Clinics

During the year 689 mothers of whom 319 were new cases, made a total of 1,236 attendances. The examinations were carried out by the Tything midwives, a doctor being present at only one session per week. Contrary to the usage of most areas, few blood tests were conducted at our clinics as the general practitioners in the main prefer to do this work in their surgeries.

#### (b) Relaxation Classes

Three classes are held each week, the total attendances in 1959 being 792. We are grateful to Mrs. Perry-Keene, physiotherapist to the Worcestershire County Council, for undertaking this work.

#### (c) Care of Unmarried Mothers and Children

I am indebted to Mrs. E. H. Winter of the Worcester Diocesan Association for Moral Welfare Work, for the following report:—

“During the year 67 new cases were referred for help, mainly by General Practitioners, Almoners, and members of staff of the Health Departments.

“Forty-two cases referred in previous years were still receiving help, bringing the total for the year to 109. Of these 95 concerned illegitimate children and their parents.

“City Cases only:

“Sixty-six cases came from within the City boundary and may be classified as follows:

				<i>New</i>	<i>Old</i>	
				<i>Cases</i>	<i>Cases</i>	<i>Totals</i>
Illegitimate children	...	...	...	38	21	59
Other family problems	...	...		7	—	7
				—	—	—
			Totals	45	21	66
				—	—	—

“Thirty-five new cases and 7 old ones concerned expectant mothers and mothers with young babies.

Babies born during the year ... ..	29
Kept by mother in own home or lodgings ...	11
Supported by mother in foster home ...	3
Placed in Children's Homes ... ..	2
Placed for adoption ... ..	13
Expectant mother withdrew application for help ... ..	1
Mother miscarried ... ..	1
Babies not born by end of year ... ..	11
	<hr/>
	42
	<hr/>

“Thirteen mothers entered Homes or Hostels, six of them with financial help from the City Health Department and one with the help of the Welfare Services. One young mother became the responsibility of the Children's Department and fees were met from that source. Five mothers paid their own fees.”

#### (d) Dental Care of Expectant Mothers and Young Children

“During 1959 there was a slight decrease in the number of expectant and nursing mothers who applied for dental inspection and treatment at the Clinic.

“Thirty-six mothers were inspected and found to be in need of dental treatment. Thirty-three mothers underwent treatment and twenty-nine were made dentally fit within the year; three mothers refused the prescribed treatment.

“The number of conservations remained constant and low. This is accounted for by the fact that patients who are dentally conscious and regularly visit private practitioners, do not change over to the Clinic. There are many patients who are not so keen but at every pregnancy attend the Clinic and have all necessary treatment carried out.

“The number of permanent teeth extracted remains high due to mothers taking advantage of the act to obtain dentures free of charge.

“Fifty-three infants were inspected and fifty needed treatment. The inspection in many cases was precipitated by pain, which needed surgical treatment to cure. In other cases the dental lesions had become visually obvious to mother, by which time the damage was so extensive and good conservative treatment was impossible.

“In spite of the endeavour on the part of the Health Visitors, many mothers will not bring infants for a dental inspection so that they may become used to the environment of a dental surgery and being examined, when no treatment will be necessary. The child who is used to the surgery, and has probably seen mother have some minor dental treatment, generally accepts treatment reasonably well when the occasion arises.”

#### (e) Women's Advisory Clinic

The mothers' clinic held on Thursday mornings continues to serve diverse purposes, apart from its official use as an Ante-Natal clinic. During the year expectant mothers received their poliomyelitis inoculations there to avoid waiting at a general poliomyelitis session. Advice has been given on family planning in suitable cases, and a doctor has been available, as in other clinics, to discuss the mother's personal problems rather than those concerning the children.

Attendances	Before Confinement	Special
First Visits ... ..	55	25
Return Visits ...	146	12

#### (f) Infant Welfare Clinics

Total attendances at Infant Welfare Clinics declined by 818 in comparison with the previous year and this trend was further emphasised by a proportionately even greater decrease in children under one year attending for the first time. To some extent this may be explained by the fact that we were one health visitor under strength during the year particularly as the



success of a clinic depends largely on the enthusiasm and personality of the district health visitor. On the other hand, there is a possibility that some of the centres at which these clinics are held lack the convenience and amenities which the public nowadays expect. The majority are rented buildings and in at least one instance, the difficulty in securing accommodation has occasioned the acceptance of unattractive and somewhat melancholy premises. Again the exodus of resident population to the fringe areas of the City, mainly as a sequel to slum clearance, has resulted in a reduced demand on the services of once busy clinics while, in other parts, mothers have to travel an undue distance to reach their nearest centre. The Health Committee are very much alive to this problem and fully appreciate the value of the infant welfare clinic not only as a means of ensuring the physical health of the children but also as a useful outpost of the preventive service in which emotional troubles are allayed and correct behaviour patterns inculcated. In next year's report I hope to describe the measure to improve our clinic facilities which are now under active consideration.

I should like to express my thanks to the voluntary workers who so ably supported our staff in this work. They devote a considerable amount of their time to this purpose and their disinterested kindness is much appreciated by both nurses and mothers.

#### (g) Supply of Welfare Foods

One clerical officer is responsible for the ordering and issuing of Ministry of Health and proprietary brands of welfare foods. She is assisted by three whole-time clerks who also attend clinic sessions.

Welfare foods are sold centrally from the annexe of the Public Health Department, Church House, The Cross, and also at the peripheral clinics. During 1959 the following quantities were bought by the public.

	1959	1958
National Dried Milk Tins (Full Cream)	21,627	21,031
National Dried Milk Tins (Half Cream)	453	405
Cod Liver Oil Bottles ... ..	2,862	3,242
Vitamins A and D Packets ... ..	2,488	2,511
Orange Juice Bottles ... ..	24,805	29,679

## (h) National Society for the Prevention of Cruelty to Children

I am indebted to Mr. William Andrews, Inspector of the N.S.P.C.C., for the following report:—

“Fifty cases were dealt with involving the welfare of 150 children.

“Classification of Cases:—

	<i>Number of cases</i>	<i>Number of children involved</i>
Neglect ... ..	25	81
Ill treatment ... ..	8	25
Advice Sought ... ..	17	44

35 of these cases were reported by the general public, the remainder by the Police and other officials.

“The neglect was mostly in the living and sleeping conditions of the homes, and with the co-operation of the Health Visitor, all cases were dealt with, without any Court action being necessary.

“An example of the successful co-operation existing between the Health Visitor and the N.S.P.C.C. Inspector, can be shown in the following sample case:—

‘The family: Mother, father and 4 children under school age.

Accommodation: A three-bedroomed council house.’

“On my first visit to the home, I found the children very dirty, only partly dressed, pale and looking miserable. The mother was five months pregnant. The house was in a filthy state, particularly the bedrooms, most of the bedding in pawn. There was very little food, no fuel, and not even the means of heating a drop of water. The father was not working and neither parent willing to take the advice of the Health Visitor. The father had refused to let the children be vaccinated or immunised.

“Before I left the home, I told the father that I was going to ask the Health Visitor to call next day, and he agreed for the children to have whatever the Clinic doctor advised.



“One month from the date of my first visit, the children had been vaccinated, the father was working, all bedding had been redeemed from pawn, a new bed and cot had been bought, and the home was clean and satisfactory. The mother and children were transported to the Clinic by myself for the vaccination and the nurse is now supervising the visits for further immunisation necessary, and I will be making regular visits to see that the standard of the home is maintained.

“It is my policy to discuss every case I visit with the district Health Visitor.”

#### (i) Day Nurseries

The two day nurseries at Powell's Row, St. John's, and Brickfields, each cater for 40 children, the average attendance being between 32 and 34. They are undoubtedly much appreciated and both have sizeable waiting lists.

#### SECTION 23—DOMICILIARY MIDWIFERY:

The arrangements described in previous reports remain unchanged and two teaching midwives assisted by pupils taking Part II of the Central Midwives Board examination are responsible for district work. The proportion of home to institutional confinements remain virtually unaltered and it is probable that this figure of approximately 26% will be stable for some time to come.

I should like to record my appreciation of the manner in which hospital and practitioner services have co-operated with us during the year. The absence of maternal deaths is a real indication of the value of mutual dependence in a common cause.

In Ministry of Health Circular 1/60, Section 3, information is requested concerning Local Health Authorities' arrangements for relief duties for midwives. This is provided, when indicated, by other staff at the Tything Nursing Institute, the brunt of the work being undertaken by the Assistant Superintendent. One district nurse has been re-classified district nurse/midwife to provide further cover.

The table shown on the opposite page shows the number of premature babies born during the year.



Weight at birth	PREMATURE LIVE BIRTHS										PREMATURE STILL-BIRTHS		
	Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home	
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days				
3lb. 4oz. or less ...	9	4	3	—	—	—	1	1	—	5	—	—	
Over 3lb. 4oz. up to and including 4lb. 6oz. ...	9	—	7	2	—	2	1	—	1	3	—	—	
Over 4lb. 6oz. up to and including 4lb. 15oz.	12	2	10	1	—	1	1	—	1	2	—	—	
Over 4lb. 15oz. up to and including 5lb. 8oz. ...	22	—	22	7	—	7	1	—	1	2	—	—	
Totals ...	52	6	42	10	—	10	4	1	3	12	—	—	

## SECTION 24—HEALTH VISITING :

The Health Visitors continued to discharge during the year their routine duties of child care and health education. They also gave considerable service to the problem families of the City.

At the end of the year the establishment consisted of one superintendent health visitor, seven general health visitors and one tuberculosis visitor.

## SECTION 26—VACCINATION AND IMMUNISATION :

Vaccination and immunisation are offered against Smallpox, Diphtheria, Whooping Cough and Poliomyelitis. It is likely that immunisation against Tetanus will be added to this list next year. B.C.G. Vaccination of school leavers under Section 28 of the National Health Service Act has continued to provide a valuable service.

*Smallpox Vaccination :*

Number of persons vaccinated (or re-vaccinated) during the year ended 31st December, 1959.

Age at Date of Vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Total
Number Vaccinated ...	570	18	15	22	35	660
Number Re-vaccinated	—	—	—	2	84	86

*Diphtheria :*

Number of children in the Local Health Authority area on 31st December, 1959, who have completed a course of diphtheria immunisation at any time between 1st January, 1945, and 31st December, 1959.

Age on 31.12.1959 (i.e. born in year)	Under 1 1959	1-4 1955-1958	5-9 1950-1954	10-14 1945-1949	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1955-1959 ...	144	2,216	2,601	862	5,823
B. Number of children whose last course (primary or booster) was completed in the period 1954 or earlier	—	—	1,932	3,821	5,753
C. Estimated mid-year child population ...	1,020	3,680	10,200		14,900
Immunity Index $\frac{100 A}{C}$	14.12	60.22	33.95		39.08

*Whooping Cough Immunisation :*

*Return for year ended 31st December, 1959.*

	Age at date of final injection		
	0—4 years	5—14 years	Total
Number of children who have completed a primary course (normally 3 injections) of pertussis vaccine (singly or in combination) in the Authority's area during the year ended 31st December, 1959 ...	503	1	504



*Poliomyelitis Vaccination :**Return for year ended 31st December, 1959.*

Class	Number vaccinated with two injections	Number of applicants awaiting vaccinations (no injections)
Children born in the years 1943 to 1959 ... ..	12,155	97
Young Persons born in the years 1933 to 1942 ... ..	4,088	20
Expectant Mothers ... ..	646	34
General practitioners and their families ... ..	54	—
Ambulance staff and their families ... ..	8	—
Hospital staff, medical students and their families ... ..	817	—
Total ... ..	17,768	151

Total number of persons who have received three injections 9,284

*B.C.G. Vaccination :**Return for year ended 31st December, 1959.*

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the N.H.S. Act.

## A. CONTACT SCHEME (Circular 72/49)

(i) No. skin tested ... ..	193
(ii) No. found positive ... ..	127
(iii) No. found negative ... ..	166
(iv) No. vaccinated ... ..	151

B. SCHOOL CHILDREN SCHEME (Circulars 22/53 and 7/59)  
(School Children under fourteen years of age)

(i) No. skin tested	...	...	...	...	1,164
(ii) No. found positive	...	...	...	...	178
(iii) No. found negative	...	...	...	...	979
(iv) No. vaccinated	...	...	...	...	889

Period from 1st May to 31st December, 1959.

C. OLDER SCHOOL CHILDREN SCHEME (Circular 7/59)  
(School Children of fourteen years and upwards)

(i) No. skin tested	...	...	...	...	41
(ii) No. found positive	...	...	...	...	6
(iii) No. found negative	...	...	...	...	35
(iv) No. vaccinated	...	...	...	...	35

SECTION 27—AMBULANCE SERVICE :

The Worcester City and District Voluntary Ambulance Service is responsible for this work under an agency agreement with the City Council. Based on the new ambulance station built in 1958 as a joint undertaking of City and County, the service covers the southern part of the County as well as the entire City area. I should like to pay tribute to the generous support accorded the Ambulance Service by the volunteer members of the St. John's Ambulance Brigade and the British Red Cross Society who provide crews during the evenings and every weekend.

Details of this work are as follows :—

*Vehicles*

- 6 Stretcher Ambulances (one new one added September, 1959)
- 1 Sitting case Ambulance.

*Staff*

- 8 whole-time Driver/Attendants (an increase of one over previous year)
- 1 Clerk

*Figures of Cases and Mileage undertaken during the year*

				1958/59	1959/60
Accident or Emergency	...	...		981	1,052
Others	...	...	...	14,998	15,168
				<hr/> 15,979 <hr/>	<hr/> 16,220 <hr/>
Sitting Cases	...	...	...	11,745	11,445
Stretcher Cases	...	...	...	4,230	4,775
Journeys Undertaken	...	...		6,429	6,818
Total Mileage	...	...	...	47,830	53,253
Total Mileage (including residue)	...			48,887	53,852

*(a) Infectious Patients*

The Health Committee own a Bedford Ambulance which is allocated for the conveyance of infectious disease patients and stationed at Newtown Hospital who also share in its use.

During the year, 1,159 patients were carried in 399 journeys over a total distance of 1,861 miles.

*(b) Sitting Cases—Car Hire Service*

				1959	1958
Total persons carried	...	...	...	994	982
Journeys	...	...	...	934	922
Mileage	...	...	...	17,530	18,629

*(c) Hospital Car Service*

This service is operated through the agency of the South Worcestershire Hospital Management Committee and operates from the Worcester Royal Infirmary.

During the year 1,550 patients were carried in 879 journeys over a total distance of 17,836 miles at a cost of £613.



## SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE :

## (a) Prevention of Tuberculosis

## Notifications and Deaths :

<i>Year</i>		<i>Respiratory</i>		<i>Non Respiratory</i>	
		<i>Notifications</i>	<i>Deaths</i>	<i>Notifications</i>	<i>Deaths</i>
1950	...	36	24	10	2
1951	...	56	17	12	2
1952	...	79	18	5	1
1953	...	63	12	13	5
1954	...	70	15	2	2
1955	...	64	8	3	2
1956	...	58	6	10	0
1957	...	52	7	4	0
1958	...	29	1	6	2
1959	...	35	5	5	0

## After Care :

The work of the Local Health Authority is complemented by that of the Worcester Tuberculosis After-Care Committee to whom a grant is made. Mr. P. M. Christian, Chief Clerk in the Health Department, continues as Secretary of this Committee, a post which he has held since 1932, and reports as follows :—

“Despite the fact that it has not yet been possible to extend our activities to cater for persons suffering from other forms of chest diseases as envisaged in my last report, the work of caring for the needs of tuberculous patients and their dependants has continued throughout the year. Considerable help and assistance has been given to persons in real need as will be seen from the following summary.

*Milk*

“5,985 pints of milk have been supplied to 27 patients during the year. This compares with 4,178 pints in 1958/59. Practically all the patients who have received free milk were in receipt of National Assistance grants.

*Clothing, Bedding, Etc.*

“As will be seen from the schedule following, your Committee hold stocks of clothing and bedding which are at all times available for the free issue to patients and their dependants.

“During the past year personal clothing and bedding of various kinds have been issued. These are summarised below :

*Personal Clothing*

Socks	...	...	...	...	...	...	10 pairs
Knickers	...	...	...	...	...	...	3 pairs
Vests	...	...	...	...	...	...	8
Dresses	...	...	...	...	...	...	7
Sandals	...	...	...	...	...	...	7 pairs
Shoes	...	...	...	...	...	...	7 pairs
Cardigans	...	...	...	...	...	...	4
Raincoats	...	...	...	...	...	...	3
Overcoats	...	...	...	...	...	...	1
Pyjamas	...	...	...	...	...	...	8 pairs
Shirts	...	...	...	...	...	...	5
Underpants	...	...	...	...	...	...	9 pairs
Trousers	...	...	...	...	...	...	5 pairs
Suit	...	...	...	...	...	...	1
Coats	...	...	...	...	...	...	2
Pullovers	...	...	...	...	...	...	1
Bed Jackets	...	...	...	...	...	...	1
Blazer	...	...	...	...	...	...	1

*Bedding, Etc.*

Pillow Slips	...	...	...	...	...	...	4
Sheets	...	...	...	...	...	...	1 pair
Bath Towels	...	...	...	...	...	...	4

“Other form of assistance provided during the year include the following :—

Payment of outstanding coal accounts in respect of 3 patients, £8 19s. 9d.

Repairs to furniture.

Grants towards removal expenses.

Cost of removal of household refuse.

Part cost towards convalescence treatment.

Various grants to patients to purchase occupational therapy materials.

### *Aid in the Home*

"As mentioned in my previous reports the Tuberculosis Visitor employed by the Local Health Authority is responsible for the home visitation of patients and contacts, and it is in this way that cases of real hardship are brought to the notice of this Committee. During the year Miss L. A. Machell, Tuberculosis Visitor, left the service, and she has been replaced by Miss E. B. M. Hands. The Chest Physician, Tuberculosis Visitor and Almoner are all members of this Committee and give most useful advice as to the best forms of assistance called for.

"On the recommendation of the Chest Physician, the two chalets belonging to the Local Health Authority are now being used by patients.

"A stock of Nursing Comforts which include dunlo-pillo mattresses, air pillows, back rests, bed-pans and urinals, bed trays, hot water bottles, etc., is held by your Committee, and these articles are loaned out to patients free of charge as and when required.

"The arrangement made with the British Red Cross Society for a free library service has been continued throughout the year.

"The City Council's Housing Committee continue to give priority to the re-housing of tuberculosis cases when recommended by the Medical Officer of Health, and during the past year two such families have been re-housed in council houses.

### *Occupational Therapy*

"This work has been continued throughout the year by Miss R. A. Young—one of the Worcestershire County Council's Occupational Therapists—and she has continued to devote one whole day per week visiting City patients in their homes and teaching them various form of handicrafts.

"Occupational therapy in the homes of the patients is, to my mind, one of the most useful functions of after-care. Patients are taught to make woollen rugs, lampshades, baskets, embroidery work and various kinds of leather goods. When completed the articles are either retained by the patients for their own use or are disposed of at sales of work.



*Christmas Seal Sale, 1959*

“The Christmas Seal Sale this year resulted in a net surplus to the general funds of £121 14s. 9d. after providing for a contribution of 5% which is made to the Chest and Heart Association to which this Committee is affiliated. The surplus is £5 less than in the previous year. On the whole the result was fairly satisfactory bearing in mind that other organisations have adopted our Christmas Seal methods and also to the fact that the Chest and Heart Association were selling an entirely different type of Seal and distributing these throughout the country.

“I should like to express the Committee’s thanks to all the people who supported the Seal Sale, particularly the teachers and scholars in the City Schools where 22,425 seals were sold.

“The total income raised from these annual sales of Christmas Seals since 1937 has been as follows:—

	£		£
1959/60	... 122	1947/48	... 84
1958/59	... 126	1946/47	... 75
1957/58	... 156	1945/46	... 77
1956/57	... 164	1944/45	... 82
1955/56	... 222	1943/44	... 74
1954/55	... 92	1942/43	... 76
1953/54	... 126	1941/42	... 45
1952/53	... 102	1940/41	... 35
1951/52	... 88	1939/40	... 32
1950/51	... 91	1938/39	... 31
1949/50	... 88	1937/38	... 24
1948/49	... 88		

Grand Total ... £2,100

“The foregoing report indicates that this Committee is still doing a useful, although not a spectacular, service in caring for the needs of tuberculous patients and their families and that the voluntary effort is well worth while.”

## Occupational Therapy :

One of the Worcestershire County Council's occupational therapists, Miss R. A. Young, is employed one day per week for visiting the City's tubercular patients. Half of this cost is borne by the Health Committee and half by the After-Care Committee.

## Provision of Shelters :

Two open air chalets owned by the Health Committee are on loan to patients in the City.

## B.C.G. Vaccination :

See Section 26—Vaccination and Immunisation.

## (b) Recuperative Holidays

Cases requiring convalescence are reported to the Health Committee for their sanction. The Worcester Hospital Contributors' Association arranges for admission to suitable convalescent homes and I am indebted to their Secretary, Mrs. E. D. C. Mills, for her help in this respect. 11 mothers with their 18 children and one single adult benefited from such holidays in 1959.

## (c) Loan of Nursing Equipment

A stock of nursing equipment and comforts is kept at the Nursing Institute and these are loaned to patients as and when required at a nominal rental per week.

## (d) Health Education

Throughout the year the Department has continued with its most important, but least appreciated, duty, that of educating the public in the ways of health and wellbeing. Unfortunately there are always so many formal duties and so many emergency duties that this, the least pressing and the most urgent, seems rarely to be accorded its true status. Lectures are given by the staff to many outside bodies, health education techniques are stressed in much of our routine work but there remains the hiatus between "I would be" and "I am". Next year, that hope of all weak souls, things will be better and as the Central Council for Health Education are holding a two day training course for the Department in April, there will be no excuse if they are not.

## (e) Family Care

Considerable attention was devoted during the year to the welfare of problem families. There is no doubt that work of this nature imposes a heavy burden upon the Health Department and the results are often disappointing. However, every effort must be made to raise the standard of living in such families even against the will of the adult members, otherwise the squalor and neglect will be perpetuated to future generations. Indeed our main concern is to help and protect the children so that, when they leave their home, they can quickly adjust to a better way of life. One might almost say there are two types of problem families, those living in degrading circumstances because of accident or indifference and those who embrace such a life by design. The remedy for each is a different one and though complete success is rarely obtained, a gradual amelioration can be achieved by constant supervision and help. Each family is a separate problem and one is reminded of the words of Tolstoy "all happy families are alike, but every unhappy one is unhappy in its own way".

## (f) Meals on Wheels

The meals on wheels service is administered by the W.V.S. The meals are prepared at Hillborough by the Welfare Department and a charge is made to the Health Committee for each meal provided. Delivery is arranged via the W.V.S. van three times a week.

## SECTION 29—HOME HELP SERVICE:

This valuable service is organised by the W.V.S. on behalf of the City, a payment towards administrative expenses being made. Mrs. Richardson of the W.V.S., acts as Home Help Organiser and controls the daily work of 44 home helps, of whom 13 hold full-time posts.

Number of cases where domestic help was provided in 1959:

Maternity	...	...	...	...	...	19
Tuberculosis	...	...	...	...	...	3
Chronic Sick (including aged and infirm)	...	...	...	...	...	292
Others	...	...	...	...	...	51



## MENTAL HEALTH SERVICES

### Administration :

Mr. W. H. Horne, in his dual role of Duly Authorised Officer and Mental Welfare Officer, discharges the varied community functions pertinent to Mental Health. His close supervision of patients assigned to his care and wide knowledge of charitable sources in the City has enabled us to maintain many mentally ill persons in the normal atmosphere of home and family. Towards the end of the year the Health Committee decided to strengthen further this branch of the preventive service and Mr. J. A. Everett, who had service as a relief duly authorised officer for seven years, was appointed to the post of second mental welfare officer.

Mr. Horne, Mental Welfare Officer, reports :—

#### “Admission to Hospital

“Figures show a slight decrease in the number of patients admitted to hospital during 1959. Of 68 patients admitted under Section 20 of the Lunacy Act, 1890, 65 were transferred to voluntary status. Three were certified in Hospital. The decrease in admissions under the Lunacy Act is explained by the fact that more patients are persuaded to enter Hospital on a voluntary basis. Unfortunately, quite a few of these leave before treatment is completed and are frequently returned to Hospital under an Order. The majority of patients admitted under the Lunacy Act have been senile, disorientated patients. Acute cases of mental illness are now very much less. Those suffering from emotional stress and tensions are often persuaded to enter Hospital on a voluntary basis, and many need not go to Hospital at all. The number of patients treated in the Out-Patient Department is not known, but one wonders whether some of the milder cases could not be treated by a little bolstering, encouragement, advice, and perhaps an environmental change, something which quite a few of them will eventually have anyway.

“Although the new Mental Health Act has not officially come into force, many of the hospitals are already implementing sections of it by admitting patients informally. This gives them the privilege of leaving, either because they do not like the treatment, or because they do not like the Hospital, so that one wonders whether patients who need treatment are sometimes allowed back into the community as the result of the Informal admission.

### “Mental Deficiency

“Five vacancies were provided by the Regional Hospital Board during the year. Social work among mental defectives has been somewhat easier because of full employment, and in many cases employers have been most co-operative in finding employment in menial tasks. Hospitals have also co-operated very well by providing domestic employment for female defectives. Many requests have been made from relatives for Occupation Centres for the young and unemployable, but are now buoyed up with the knowledge that these Centres will be provided in the near future.

### “Prevention

“Twenty-six cases of prevention have been dealt with during the year consisting mostly of mild neurotic or depressive states caused by the usual marital, domestic or financial difficulties. None of these were admitted to Hospital because their needs were met by the co-operation of the various sections of the Health Department, Ministry of Labour, Voluntary Organisations, etc., so that the right help was given at the right time. A good working relationship exists between the Department and the Voluntary Organisations. Workers within these organisations often refer clients to the Department where it is found that the need of the client may be far different from the initial request for help.

### “After-Care

“After-Care of the mentally ill can only be efficient if there is a comprehensive service through liaison with the Mental Hospital, for although public attitude towards mental illness has changed considerably during the past few years, it is sometimes difficult to rehabilitate in the community after being in a Mental Hospital.

“The following are examples of preventive work carried out by the Department:

“*Mrs. X.* Married with two children aged 8 and 10 years.  
Social background—average working class.  
Education—mediocre.

“Married when she was 24 to the only boy she had ever been out with. For 9 years the marriage was quite happy and a nicely furnished home was built up. Then the husband began to make excuses for leaving the house at night and eventually left the family and returned to live with his own parents. So worried was Mrs. X



by her husband's change of behaviour and his rejection of her and the family, that she could not sleep or concentrate on any other matter, her intellectual alertness and judgement were impaired, a state of depression became manifest and she withdrew to within herself. After several interviews and home visits had been made she began to see the situation as it was. All persuasive methods failed to get the husband to return home. She was assured that all possible help and advice would be given to her and the children. She is now working and although not entirely free from bouts of depression she faces the circumstances in a more philosophical way because she has got over the emotional shock and changed environment.

"Mrs. Y. Married with one child aged 4 years.

Social background—poor working class.

Education—slightly below average.

"Married at the age of 22 to a man some years older than herself. Worked regularly after leaving school—has a rather smart appearance. Seemed to get on well with the rest of the family and the people with whom she worked. Her husband turned out to be a megalomaniac-psycho-pathic type, always full of promises but irresponsible as far as providing a home was concerned. He left her and returned to his parents just before her child was born. She lived with her parents and one other sister who also had children. The home by this time was a turmoil of domestic troubles involving either parents or their daughters. Eventually Mrs. Y's mental health broke down and although she was getting attacks of hysteria at the rate of three and four a day, she could not be persuaded to enter Hospital. After a number of home visits she was persuaded to come and talk over her troubles at the Health Department, and in a short time became co-operative and suggested that she would like her husband to return. We got in touch with him and he agreed to return to Worcester providing he could find employment. This was found for him and immediately after his return, Mrs. Y began to improve. Hysteria attacks subsided but a certain amount of depression existed because of her worry over environmental circumstances. A house has now been provided, the man is in full employment, Mrs. Y has attained quite a tolerable state of mental health and they are fully self-supporting as a family unit.



“The following is an example of care and after-care of patients returned to the community from Mental Defective Hospitals.

“*Miss Z.* The product of a bad family background—the father deserted the home when she was 5 years of age.

“Although she made fair progress at school Miss Z is said to have had a sulky temper, was guilty of petty thieving, stayed out late and became generally uncontrollable.

“In January, 1940, she was placed in a Home, after being before the Court for sleeping out. She absconded from the Home in which she had been placed and later that year was sent to a State Institution because of her anti-social behaviour. While there she had many outbursts of anti-social behaviour, but became more settled after a while and was transferred to another Hospital, but again because of her behaviour she was again sent back to the State Institution where she settled down. She was finally transferred to yet another Psychiatric Hospital where her condition improved significantly.

“In 1958 the Hospital Authorities asked if employment could be found if Licence were granted to the care of her mother. The Health Department found a place of employment for her and supervised her rehabilitation in the community (not an easy task after nearly 18 years of institutional life).

“Miss Z co-operated very well. The Order under which she was detained has now been discharged. She is still in the same place of employment, being a willing and satisfactory worker and mixing well with her workmates and the community generally. She is kind to her mother and thrifty with her money. Each week she visits the post office to deposit savings.

“She also maintains her association with the Health Department and the doctors and nurses at the Hospital from which she came.”

*Cases admitted to Powick Hospital during the year ended 31st December, 1959*

	Male	Female	Total
Certified under Section 16, Lunacy Act, 1890 ... ..	1	2	3
Admitted under Section 20 ... ..	29	39	68

(Of the patients admitted under Section 20, 28 males and 37 females received treatment under the Mental Treatment Act, 1930. One male and two females were certified under the Lunacy Act.)

*Certified patients discharged or died during the year*

	Male	Female	Total
Discharged ... ..	4	2	6
Died ... ..	1	2	3

*Mental Treatment Act, 1930*

	Male	Female	Total
Admitted as Voluntary Patients ...	65	99	164
Left Hospital ... ..	53	82	135
Deaths ... ..	8	12	20

*Mental Deficiency Acts*

Ascertainment including numbers of defectives awaiting vacancies in institutions at the end of the year.

	Male	Female	Total
In Institutions ... ..	46	35	81
Under Guardianship ... ..	1	—	1
Under Statutory Supervision ... ..	20	15	35
Under Voluntary Supervision ... ..	22	17	39
Admitted to Institutional Care ... ..	3	2	5
Admitted for Temporary Care ... ..	—	1	1
Licence ... ..	—	2	2
Discharged from the Order ... ..	4	1	5
Lost trace of ... ..	2	1	3

*Visits and Interviews*

Approximate number of visits to mentally subnormal	309
Approximate number of visits to mentally ill patients	101
Approximate number of visits—social problems ...	74
Approximate number of visits—after-care ...	210
Approximate number of visits—prevention ...	26
Approximate number of interviews ... ..	550

## INFECTIOUS DISEASE

I should like to record my appreciation of the unfailing co-operation given to this Department by Dr. R. J. Henderson, Director of the Worcester Public Health Laboratory, and his staff.

**Diphtheria:** for the eighth year in succession, there has been no case of diphtheria in the City.

**Scarlet Fever:** 104 cases were notified contrasted with 140 in 1958. Clinically the disease was of a very mild variety.

**Whooping Cough:** A slight decrease in incidence, the bulk of the notifications being in the 5 to 9 years group where the effects of the disease are relatively less severe. However, this does emphasise the importance of a 'booster' dose at 5 years to prevent the immunity derived from the primary course wearing off. Unfortunately there are still parents who eschew whooping cough immunisation of their children regardless of the crippling residual effects that this disease can inflict.

**Measles:** 1959 was a measles year and 1,086 cases were recorded. The disease appeared to have been mild in character and no undue incidence of complications is reported.

**Dysentery:** There was a steady stream of notifications of sonne dysentery through the year. Although this is an endemic disease, the overall picture suggests that either Worcester has an above-average incidence or else that our doctors are more alert to its diagnosis and notification. Unfortunately, sonne dysentery is extremely difficult to control from the public health viewpoint and probably the most effective means is by specific drug treatment of the infected person to eliminate the organism from the intestinal tract.

**Food Poisoning:** Four cases were reported during the year. All were individual infections and no outbreaks occurred.



**Poliomyelitis:** No cases were diagnosed in 1959. The first signs of the efficacy of poliomyelitis vaccination are now becoming evident and intensification of our vaccination scheme must surely perpetuate this agreeable state of affairs.

**Venereal Disease:** First attendances at the Special Clinic at the Worcester Royal Infirmary were as follows:—

Syphilis	...	...	...	...	...	5
Gonorrhoea	...	...	...	...	...	9
Other Conditions	...	...	...	...	...	38
<hr/>						
Total	...	...	...	...	...	52
<hr/>						

**Enteric Fever:** One case of typhoid, occurring in a woman of

33 years, was notified in 1959. The diagnosis was made at Ronkswood Hospital and immediately after the patient was transferred to Newtown. However, the home address was in Herefordshire and the disease was patently not acquired in the City.

In September, paratyphoid was confirmed in a boy of 9 years attending one of the City schools. Since he had recently been on holidays, there was a strong supposition that he had been infected at that time. The usual precautions were taken in both these cases.

The following table shows cases of infectious disease notified during the year 1959, classified in age groups.



## OTHER HEALTH DEPARTMENT SERVICES

### (a) SUPERVISION OF NURSING HOMES:

There is only one nursing home in Worcester registered with the Department and this is inspected at regular intervals by the Assistant Medical Officer of Health. It has a total complement of 13 beds.

### (b) EXAMINATION OF PLANS:

All plans are vetted by the Medical Officer of Health and the Chief Public Health Inspector. This is an interesting but onerous duty having much to commend it as it is naturally easier to prevent mistakes than to remedy them. However, the arrival of sixty or seventy plans on a busy Monday morning induces a less equable attitude. 852 were examined during the year.

### (c) MEDICAL EXAMINATIONS OF LOCAL AUTHORITY STAFF AND OTHERS:

260 medical examinations were carried out during the year, of which 33 were of new entrants to the training colleges, 7 new entrants to the teaching profession and 6 on behalf of other local authorities.

### (d) PHARMACY AND POISONS ACT:

67 premises were the subject of licences granted under this Act.

### (e) PET ANIMALS ACT:

Inspection of premises for registration under this Act is delegated to veterinary surgeons who make six monthly inspections of the four registered premises.

### (f) NATIONAL ASSISTANCE ACT, 1948—SECTION 47 AND NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951:

This relates to the removal to suitable premises of people in need of care and attention.

### (g) NURSERY AND CHILD MINDERS ACT:

Two child minders were registered providing places for 7 children.

### (h) INTERNATIONAL CERTIFICATES:

A large number of international certificates were approved by this Department during the year.



# SANITARY CIRCUMSTANCES OF THE AREA

Report of Mr. T. W. Marsden, M.R.S.I., M.S.I.A., Chief Public Health Inspector.

## WATER SUPPLY

The average daily consumption of water was 51·9 gallons per head.

At the waterworks no extensions took place.

There is a separate piped supply to 20,636 houses but 274 houses still draw supplies from shared washhouses.

Four houses are supplied from four individual wells. There are five wells still in use in connexion with business premises.

In addition to the samples of water daily taken for testing at the Waterworks, samples were taken from consumer taps by Health Department Staff: all were satisfactory.

A specimen result of a chemical analysis appears below:

### *Physical Characters*

Colour	...	...	...	...	Colourless
Odour	...	...	...	...	None
Appearance	...	...	...	...	Clear pH 7·8

### *Chemical Examination* (Results expressed in parts per million)

Solids in Suspension (Dried at 100° C)	...	—
Solids in Solution (Dried at 180° C)	...	270
Solids in Solution after Ignition	...	220
Chlorine present as Chloride	...	48
Hardness—Non-Carbonate	...	55
Carbonate	...	100
Total	...	155
Ammoniacal Nitrogen	...	0·01
Albuminoid Nitrogen	...	0·07
Nitrate Nitrogen	...	2·8
Nitrite Nitrogen	...	Nil
Oxygen absorbed in 4 hours at 27° C (N/80 Permanganate)	...	1·70
Toxic Metals	...	None detected
Residual Chlorine	...	0·02

### *Opinion :*

Chemically the sample is satisfactory.

Signed: M. M. LOVE,  
County Analyst.  
24th March, 1959.

## DRAINAGE AND SEWERAGE

With the exception of 19 houses depending on the use of pail closets and 91 houses served by septic tanks or cesspools, the whole of the City's area is drained to public sewers.

## CARAVAN SITES

The Corporation site at Swanpool continues to be fully occupied. Only five individual caravan sites were granted licences; one application for a site licence was refused.

## COMMON LODGING HOUSES

Only one registered Common Lodging House now remains, and even this house is fully occupied by regular lodgers. There is a dire need for more accommodation of this type for the use of casual labour employed on civil engineering jobs or with the public utility companies.

## OFFENSIVE TRADES

			<i>Old established</i>	<i>Annual licences</i>	<i>Total</i>
Fellmongers	...	...	2	1	3
Hide and skin dealers	...		1	—	1
Rag and bone dealers	...		—	2	2

No nuisance was experienced from any of these trades during the year.

## ATMOSPHERIC POLLUTION

During the year nine applications have been received for the prior approval of the installation of new boilers. All were approved. Five of these applications necessitated the erection of new chimneys, and in each case, chimney heights were approved after negotiation with the firms concerned. Owing to the cost and architectural appearance there is a tendency to keep chimney heights to the minimum necessary to secure the requisite draught; architects and heating engineers seem to pay insufficient attention to the heights of surrounding buildings and the natural wind paths.

# FACTORIES ACTS, 1937 TO 1959

## 1. Inspections (including inspections made by the Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	32	7	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority ...	354	76	7	—
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ...	10	10	—	—
Total ...	396	93	7	—



2. Cases in which Defects were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness ... ..	1	1	—	—	—
Overcrowding ... ..	—	—	—	—	—
Unreasonable temperature ... ..	—	—	—	—	—
Inadequate ventilation ... ..	5	5	—	—	—
Ineffective drainage of Floors ... ..	—	—	—	—	—
Sanitary Conveniences :					
(a) insufficient ... ..	—	—	—	—	—
(b) unsuitable or defective ... ..	9	9	—	7	—
(c) not separate for sexes ... ..	—	—	—	—	—
Other offences against the Act not including offences relating to Outwork ... ..	—	—	—	—	—
Total ... ..	15	15	—	7	—

## 3. Outwork (Sections 110 and 111).

Nature of Work	Section 110			Section 111		
	No. of outworkers in August list	Cases of default in sending lists	Prosecutions for failure to supply list	Instances of work in unwholesome premises	Notices served	Prosecutions
Making etc., of apparel ...	732	—	—	—	—	—
Furniture and upholstery ...	7	—	—	—	—	—
Nails, Rivets and Staples ...	7	—	—	—	—	—
Carding, etc., of buttons, etc.	7	—	—	—	—	—
<b>Total</b> ...	<b>753</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>

# SUMMARY OF ROUTINE WORK OF THE PUBLIC HEALTH INSPECTORS

<i>Nature of Visit, Inspections, etc.</i>						<i>Number of Visits, etc.</i>
Accumulations	...	...	...	...	...	22
Animals	...	...	...	...	...	52
Ashbins	...	...	...	...	...	4
Bakehouses	...	...	...	...	...	24
Canal Boats	...	...	...	...	...	6
Cesspits	...	...	...	...	...	33
Closets: Water	...	...	...	...	...	10
Pail	...	...	...	...	...	5
Common Lodging Houses	...	...	...	...	...	25
Dairies	...	...	...	...	...	25
Dangerous Structures	...	...	...	...	...	6
Ditches and Water Courses	...	...	...	...	...	16
Drains: Inspections	...	...	...	...	...	1062
Smoke Tests	...	...	...	...	...	43
Chemical Tests	...	...	...	...	...	19
Colour Tests	...	...	...	...	...	128
Entertainment Houses	...	...	...	...	...	3
Factories: Power	...	...	...	...	...	76
Non-Power	...	...	...	...	...	7
Others	...	...	...	...	...	10
Food: Manufacturing Premises	...	...	...	...	...	10
Examination	...	...	...	...	...	287
Shops and Warehouses	...	...	...	...	...	540
Vehicles	...	...	...	...	...	17
Hotel and Restaurant Kitchens	...	...	...	...	...	208
Houses: Let-in-Lodgings	...	...	...	...	...	26
Overcrowding	...	...	...	...	...	75
Vermin	...	...	...	...	...	105
Section 9 Housing Act	...	...	...	...	...	93
Section 16 Housing Act	...	...	...	...	...	370
Section 42 Housing Act	...	...	...	...	...	387
Public Health Act	...	...	...	...	...	1777
Flooding	...	...	...	...	...	34



Hairdressers	...	...	...	...	...	9
Ice Cream: Shops	...	...	...	...	...	31
Manufactories	...	...	...	...	...	4
Infectious Diseases	...	...	...	...	...	334
Licensed Premises	...	...	...	...	...	42
Markets	...	...	...	...	...	38
Merchandise Marks	...	...	...	...	...	20
Miscellaneous nuisances	...	...	...	...	...	67
Offensive trades	...	...	...	...	...	2
Offices	...	...	...	...	...	9
Outworkers	...	...	...	...	...	1
Rent Act	...	...	...	...	...	96
Rodent Control	...	...	...	...	...	188
Sampling: Bacteriological	...	...	...	...	...	237
Fertilisers and Feeding Stuffs	...	...	...	...	...	13
Food and Drugs	...	...	...	...	...	80
Milk	...	...	...	...	...	57
Schools	...	...	...	...	...	64
Septic Tanks	...	...	...	...	...	17
Sewers	...	...	...	...	...	141
Shops Act	...	...	...	...	...	71
Slaughterhouses: Public	...	...	...	...	...	60
Private	...	...	...	...	...	745
Smoke: Inspections	...	...	...	...	...	64
Observations	...	...	...	...	...	145
Special Visits	...	...	...	...	...	256
Swimming Pools	...	...	...	...	...	2
Tips	...	...	...	...	...	15
Van Dwellings	...	...	...	...	...	55
Water Supply	...	...	...	...	...	69
Wells	...	...	...	...	...	5
Noise nuisance	...	...	...	...	...	14

## NOTICES SERVED

### *Informal Notices*

Preliminary notices served	...	...	...	...	159
Verbal notices given	...	...	...	...	79

*Statutory Notices*

Public Health Act, 1936, Section 39	...	...	13
Public Health Act, 1936, Section 45	...	...	9
Public Health Act, 1936, Section 83	...	...	2
Public Health Act, 1936, Section 93	...	...	35
Public Health Act, 1936, Section 138	...	...	7
Shops Act, 1950, Section 38	...	...	1

## SANITARY WORK CARRIED OUT AS A RESULT OF FORMAL AND INFORMAL ACTION.

A. *Housing Repairs, Etc., Executed*

Houses at which drains were repaired	...	...	40
Houses at which drains were cleared	...	...	12
Ventilation pipes to drains repaired	...	...	2
Rainwater gutters and downspouts repaired or renewed			32
Defective W.C.s repaired or renewed	...	...	39
W.C.s rebuilt or walls repaired	...	...	12
New sinks provided to replace those defective	...		9
Water supply taps or pipes repaired	...	...	5
Roofs repaired	...	...	36
Walls repaired externally	...	...	21
Walls repaired internally	...	...	21
Chimney stacks repaired or rebuilt	...	...	13
Outbuildings reconstructed or repaired	...	...	6
Stoves or fireplaces repaired or renewed	...	...	13
Dampness remedied	...	...	17
Ceilings repaired	...	...	8
Windows repaired	...	...	46
Floors repaired or renewed	...	...	22
Doors repaired	...	...	7
Staircases repaired	...	...	3
Yard paving repaired	...	...	5
Cesspools repaired	...	...	2
Septic tanks repaired	...	...	1
Accumulations removed	...	...	10

**B. *Food Premises***

Wash-hand basins provided or renewed	...	...	27
Sinks provided or renewed	...	...	25
Hot and cold water provided	...	...	55
Internal structural repairs	...	...	62
Cleansing and decoration carried out	...	...	108
Equipment overhauled	...	...	97
			<hr/> 374 <hr/>

**C. *Shops and Offices***

Lighting	...	...	...	...	...	6
W.C.s repaired or renewed	...	...	...	...	...	26
Washing accommodation repaired or renewed	...	...	...	...	...	2
						<hr/> 34 <hr/>

**D. *Factories***

Cleansing carried out	...	...	...	...	...	1
Sanitary accommodation unsuitable or defective	...	...	...	...	...	9
Ventilation unsuitable	...	...	...	...	...	5
Smoke abatement	...	...	...	...	...	4
						<hr/> 19 <hr/>

**RODENT CONTROL**

A staff of one Rodent Officer, one full-time and one part-time operative was employed by the Department in exterminating rats and mice.

During the year, 395 dwelling houses, 74 business premises and 109 treatments upon Local Authority properties or land were carried out for rat or mice infestations, and approximately 6,680 rats were exterminated. Several of these infestations were found to be the result of defective drains or sewers.

Regular and systematic inspections and treatments are carried out at City Schools, Food Kitchens, Clinics, Hospitals, River and Canal banks, Allotment sites, Sewage Disposal Works and Refuse Tips.



### *City Sewer Maintenance Treatment*

The following table shows the amount of work carried out on City sewers during the year:—

Total number of manholes on City Sewers	...	...	1,510
Number of manholes "Test Baited"	...	...	444
Number of manholes "Fully treated"	...	...	299
Number of manholes with "Complete takes"	...	...	71
Number of manholes with "Partial takes"	...	...	85

### FOOD INSPECTION AND FOOD HYGIENE

Although the spate of publicity given to food hygiene in the past has quietened down somewhat, the routine of inspecting premises, advising traders and instructing new entrants to the trade has continued throughout the year. What is required for clean safe food production is good premises, sound food and healthy food handlers with a sense of responsibility. The use of refrigeration is becoming more and more appreciated by both traders and householders.

#### *Milk*

During 1959 four pasteurising plants were licensed by the City Council, but one "holder process" pasteurising plant was discontinued during the latter part of the year.

- (a) H.T.S.T. plant of 1,500 gallons per hour capacity
- (b) H.T.S.T. plant of 350 gallons per hour capacity
- (c) Two "Holder process" plants, each having two vats of 100 gallons per hour capacity.

#### *Milk (Special Designation) Regulations*

Dealer's (Pasteuriser's) Licences	...	...	...	4
Dealer's (Pasteurised) Licences	...	...	...	36
Dealer's (Sterilised) Licences	...	...	...	5
Dealer's (T.T.) Licences	...	...	...	15
Supplementary Licences (T.T.)	...	...	...	2
Supplementary Licences (Pasteurised)	...	...	...	2

#### *Milk and Dairies Regulations, 1959*

Registered dairies	...	...	...	5
Registered distributors	...	...	...	40

*Bacteriological Examinations*

			<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Total</i>
Pasteurised Milk	...	...	167	1	168
T.T. (Pasteurised) Milk	...	...	106	—	106
Channel Island T.T. (Pasteurised) Milk	...	...	12	3	15
Tuberculin Tested Milk	...	...	28	1	29
Cream	...	...	1	—	1

Four of these samples came from one dairy and the other from a milk vending machine. The Health Committee issued warnings to the two persons concerned.

*Ice Cream*

At the end of the year the following registrations were in force:—

Premises registered for manufacture	...	...	...	3
Premises registered for storage	...	...	...	2
Premises registered for sale	...	...	...	39
Premises registered for sale in prepacked quantities				234

Six samples of ice cream submitted for bacteriological examination proved to be satisfactory.

*Food Premises*

The following is a list of premises in the City where food is exposed for sale, or prepared for sale:—

Cafes, restaurants	...	...	...	...	...	...	53
Fish and chip shops	...	...	...	...	...	...	22
Wet fish shops	...	...	...	...	...	...	18
Butcher's shops	...	...	...	...	...	...	59
Confectioners (flour)	...	...	...	...	...	...	19
Sweets	...	...	...	...	...	...	64
Fruiterers	...	...	...	...	...	...	51
Grocers	...	...	...	...	...	...	214
Bakehouses	...	...	...	...	...	...	12
Food preparation rooms registered under F. and D. Act							26

## FOOD AND DRUGS SAMPLING

*Formal Samples :*

Milk	...	...	...	...	...	...	...	23
Sausage	...	...	...	...	...	...	...	3
Spirits	...	...	...	...	...	...	...	6
								—
								32
								—

*Informal Samples :*

Milk	...	...	...	...	...	...	...	151
Dairy Cream	...	...	...	...	...	...	...	1
Ice Cream	...	...	...	...	...	...	...	5
Apricots	...	...	...	...	...	...	...	4
Pork Sausage	...	...	...	...	...	...	...	7
Beef Sausage	...	...	...	...	...	...	...	6
Butter Scotch	...	...	...	...	...	...	...	1
Buttered Mintoes	...	...	...	...	...	...	...	1
Milk Flavouring	...	...	...	...	...	...	...	1
Potted Salmon	...	...	...	...	...	...	...	1
Tinned Salmon	...	...	...	...	...	...	...	3
Salmon Spread	...	...	...	...	...	...	...	1
Honey	...	...	...	...	...	...	...	2
Sausage Rolls	...	...	...	...	...	...	...	1
Oranges	...	...	...	...	...	...	...	1
Apples	...	...	...	...	...	...	...	2
Stewed Steak	...	...	...	...	...	...	...	3
Malt Vinegar	...	...	...	...	...	...	...	1
Tomato Soup	...	...	...	...	...	...	...	1
Celery Soup	...	...	...	...	...	...	...	1
Onion Soup	...	...	...	...	...	...	...	1
Ox Tongue	...	...	...	...	...	...	...	1
Bread	...	...	...	...	...	...	...	1
Fish Cakes	...	...	...	...	...	...	...	1
Arrowroot	...	...	...	...	...	...	...	1
Sponge Mixture	...	...	...	...	...	...	...	1
Chicken Paste	...	...	...	...	...	...	...	1
Margarine	...	...	...	...	...	...	...	1
Plums	...	...	...	...	...	...	...	1



Buttered Rolls	...	...	...	...	...	...	3
Mixed Fruit	...	...	...	...	...	...	1
Minced Turkey	...	...	...	...	...	...	1
Coffee and Chicory Essence	...	...	...	...	...	...	1
Glacé Cherries	...	...	...	...	...	...	2
Demerara Sugar	...	...	...	...	...	...	3
Desiccated Coconut	...	...	...	...	...	...	2
Beef Suet	...	...	...	...	...	...	1
Ground Mixed Spice	...	...	...	...	...	...	1
Jellies	...	...	...	...	...	...	2
Crab Spread	...	...	...	...	...	...	1
Marzipan	...	...	...	...	...	...	2
Mincemeat	...	...	...	...	...	...	1
Gelatine	...	...	...	...	...	...	1
Lard	...	...	...	...	...	...	1
Ground Almonds	...	...	...	...	...	...	1
Apricot Jam	...	...	...	...	...	...	1
German Mustard	...	...	...	...	...	...	1
Christmas Pudding	...	...	...	...	...	...	1
Coconut Ice	...	...	...	...	...	...	1
Butter Crunch	...	...	...	...	...	...	1

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232

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## PROSECUTIONS

- (1) Sale of loaf containing lubricating oil ... Fined £5
- (2) Sale of pork sausages not of quality  
demanded ... .. Fined £2 2s. 0d.  
and £2 2s. 0d. costs.
- (3) Sale of pork sausages not of quality  
demanded ... .. Case dismissed.
- (4) Sale of beef sausages not of quality  
demanded ... .. Case dismissed.
- (5) Smoking whilst serving open food ... Fined £10

In addition the Health Committee issued eleven warnings to traders for offences in connection with the sale of food.

## SLAUGHTERHOUSES

Slaughtering of animals continued unchanged in the Public Slaughterhouses and the five licensed Private Slaughterhouses concerning which details follow:—

## Carcases and Offal Inspected and Condemned in whole or in part

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known) ... ..	332	220	469	5694	1130	—
Number inspected ... ..	332	220	469	5694	1130	—
<i>All diseases except Tuberculosis and Cysticerci</i>						
Whole carcases condemned ... ..	—	—	10	40	3	—
Carcases of which some part or organ was condemned ... ..	27	113	1	477	15	—
Percentage of the number inspected affected with disease other than tuberculosis ... ..	8.1	51.36	2.34	9.08	1.6	—
<i>Tuberculosis only</i>						
Whole carcases condemned ... ..	—	—	—	—	—	—
Carcases of which some part or organ was condemned ... ..	5	1	—	—	19	—
Percentage of the number inspected affected with tuberculosis ... ..	1.5	.45	—	—	1.7	—
<i>Cysticercosis</i>						
Carcases of which some part or organ was condemned ... ..	—	—	—	—	—	—
Carcases submitted to treatment by refrigeration ... ..	—	—	—	—	—	—
Generalised and totally condemned ... ..	—	—	—	—	—	—

Public Slaughterhouse  
Carcases and Offal Inspected and Condemned in whole or in part

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known) ... ..	3393	215	407	18096	6600	—
Number inspected ... ..	3393	215	407	18096	6600	—
<i>All diseases except Tuberculosis and Cysticerci</i>						
Whole carcases condemned ... ..	5	12	19	97	39	—
Carcases of which some part or organ was condemned ... ..	120	60	—	207	93	—
Percentage of the number inspected affected with disease other than tuberculosis ... ..	3.7	33.5	4.7	1.7	2.0	—
<i>Tuberculosis only</i>						
Whole carcases condemned ... ..	1	1	—	—	1	—
Carcases of which some part or organ was condemned ... ..	30	—	—	—	12	—
Percentage of the number inspected affected with tuberculosis ... ..	.91	.46	—	—	.2	—
<i>Cysticercosis</i>						
Carcases of which some part or organ was condemned ... ..	11	—	—	—	—	—
Carcases submitted to treatment by refrigeration ... ..	11	—	—	—	—	—
Generalised and totally condemned ... ..	—	—	—	—	—	—



Weight of meat and offals condemned at	
Public Slaughterhouses	27,375 lb.

Weight of meat and offals condemned at	
Private Slaughterhouses	5,941 lb.

Total: 14 tons 17 cwt. 52 lb.

## DISPOSAL OF CONDEMNED MEAT

Meat and offals condemned at all the slaughterhouses are stained prior to collection daily by approved firms for transfer to by-products factories. Payments are made directly to the butcher or credited to the Butchers' Mutual Insurance Scheme.

## FOODSTUFFS (OTHER THAN BUTCHERS' MEAT AT SLAUGHTERHOUSES) CONDEMNED DURING THE YEAR

Fish	700 lb.
Tinned Foods	16,466 lb.
Miscellaneous Foods	723 lb.
Meat	1,084 lb.

## DISPOSAL OF CONDEMNED FOODSTUFFS

Condemned fish and fish offals are accumulated at the Corporation Cleansing Depot and disposed of by the Corporation. Tinned foods, etc., are collected by Health Department staff from the various shops and warehouses and are disposed of by burying in the Corporation tip.

## SLAUGHTER OF ANIMALS ACT, 1958

The total number of licensed slaughtermen on the register was 42, about 24 being regularly employed at the slaughterhouses and knacker's yard.

## FERTILISERS AND FEEDING STUFFS ACT

Three formal samples of feeding stuffs were taken: all were found to be genuine. Six informal and one formal sample of fertilisers were taken: one informal and one formal samples were found to be not genuine. The facts regarding the formal sample found to be not genuine were referred to the Ministry of Agriculture, Fisheries and Food who did grant approval for a prosecution.

## HOUSING

## (1) SLUM CLEARANCE

During the year 272 houses were represented as unfit made up of 191 in clearance areas and 81 individual houses.

The areas dealt with were

Severn Street No. 1 Area	...	...	...	8 houses
„ „ No. 2 „	...	...	...	12 „
Magdala Terrace	...	...	...	12 „
Butts Walk	...	...	...	18 „
Powick Lane	...	...	...	12 „
Blockhouse (Phase I) No. 1 Area	...	...	...	13 „
„ „ No. 2 „	...	...	...	3 „
„ „ No. 3 „	...	...	...	113 „

## (2) OVERCROWDING

Cases of genuine legal overcrowding are very rare. There are, however, many cases of 2 or 3 families sharing a house, particularly the young married couples residing with their in-laws. The number of persons per habitable unit averaged 3.06.

## (3) REHOUSING

During the year, 418 new houses were built, of which 125 were built by the Council and 293 by private builders.

143 families were rehoused from slum-clearance houses.

## RENT ACT, 1957

Below is a synopsis of the work during the year 1959, under the above Act, which came into force on 6th July, 1957:—

Number of applications for certificates of disrepair	...	17
Number of decisions not to issue certificates	...	Nil
Number of decisions to issue certificates	...	16
(a) in respect of some but not all defects	...	14
(b) in respect of all defects	...	2

Number of undertakings given by landlords under paragraph 5 of the First Schedule ... ..	6
Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule ...	Nil
Number of certificates issued ... ..	9
Number of applications by landlords to Local Authority for cancellation of certificates ... ..	14
Number of objections by tenants to cancellation of certificates ... ..	6
Decision of Local Authority to cancel in spite of tenants' objection ... ..	Nil
Number of certificates cancelled by Local Authority...	8
Applications for certificates as for remedy of defects which the landlord has undertaken to remedy:—	
(a) By landlord ... ..	4
(b) By tenant ... ..	7

### HOUSING STATISTICS

#### 1. *Inspection of Dwelling-houses during the year :*

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... ..	1859
(b) Number of inspections made for the purpose	2931
(2) (a) Number of dwelling-houses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations, 1925, 1932 ... ..	179
(b) Number of inspections made for the purpose	338
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..	179
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ... ..	121



2. *Remedy of defects during the year without service of formal notices :*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... ..	88
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3. *Action under Statutory Powers during the year :*

(a) Proceedings under Section 9, Housing Act, 1957:

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	Nil
(2) Number of dwelling-houses which were rendered fit after service of formal notices :	
(a) By owners ... ..	Nil
(b) By Local Authority in default of owner	Nil

(b) Proceedings under the Public Health Act, 1936:

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... ..	33
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :	
(a) By owners ... ..	33
(b) By Local Authority in default of owner	Nil

(c) Proceedings under Sections 16, 17 and 23, 28 of the Housing Act, 1957:

(1) Number of dwelling-houses in respect of which Demolitions Orders were made ...	49
(2) Number of dwelling-houses in respect of which Closing Orders were made ... ..	23
(3) Number of dwelling-houses demolished in pursuance of demolition orders ... ..	39
(4) Number of demolition orders determined ...	Nil
(5) Number of closing orders determined ...	2

(6) Number of dwellings closed on undertaking ...	Nil
(7) Number of reconditioning schemes accepted	Nil
(8) Number of demolition orders substituted for closing orders ... ..	3

(d) Proceedings under Section 18, Housing Act, 1957:

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ... ..	1
(2) Number of undertakings accepted to close houses for human habitation ... ..	Nil
(3) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ... ..	Nil
(4) Reconditioning schemes accepted in respect of dwelling-houses ... ..	Nil

(e) Proceedings for demolition of unfit houses owned by Local Authority (Circular 33/56) ... ..	8
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